



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

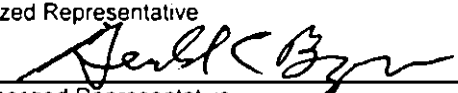
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

JUN 19 2018

BY

1591

1. Entity ID Number 116180		2. Exact name of the Corporation Newport County Contractors Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To foster and promote all trades associated with and related to the building trade industry in Newport County.			
4. NAICS Code 813910 - Business Association					
6. Principal Office Address P.O. Box 3136			City Newport	State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Peters			Vice-President Name Tom Gianetis		
Street Address P.O. Box 453			Street Address 64 Halsey Street		
City Jamestown	State RI	Zip 02835	City Newport	State RI	Zip 02840
Secretary Name Garrett Behan			Treasurer Name Gerald C. Borges		
Street Address 975 Aquidneck Ave			Street Address 800 Aquidneck Ave		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John Marshall, Jr.			Director Name Chris Kalil		
Street Address 1700 West Main Road			Street Address 62 Halsey Street		
City Middletown	State RI	Zip 02842	City Newport	State RI	Zip 02840
Director Name Cyrus Gibson			Director Name Bob Brooks		
Street Address 360 Jepson Lane			Street Address 140 Malee Terr		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Gerald C. Borges				Date 6/14/2018	
Signature of Officer/Authorized Representative 					
SIGN DOCUMENT HERE					