

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: Non-Profit Corporation

MAY OA -

→ Filing period: June 1 - June 30 → Filing Fee: \$20.00

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

	2 U 2019	
BY	0446	DS

1. Entity ID Number	2. Exact name of the Corporation							
n9635	2. Exact name of the Corporation Rhode Island Chapter Ussociated General Contractors of Umerica, Inc.							
3. State of Incorporation	5. Brief description of the	he character	of business conducted in F	Rhode Island				
L K-J	Industry Trade Ossociation							
4. NAICS COMO	VIKWOIRY I	IMER O	22000011010					
L 238-570								
6. Principal Office Address			City,	Stat	e	Zip		
188 Valley St., S.	te 211		Providence	P	{J	02909		
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name John Sinnott	_		VicesPresident Name	1				
Street Address MCKSON UNIK	wau		Street Address	, 9+		·		
Providence	State Zip	2903	Providence	State		02G 08		
Secretary Name Duchorme			Transuras Nama	1	e .	02700		
Street Address			Street Address	Ave	<u></u>			
city (ranstau	State Zip ()	2907	City Uhrwick	State	y I	Zip 02888		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment								
Director Name John Sinnott	-		Director Name		ook to tridicate t	an augenment L		
Street Address Jackson Walkway			Street Address					
cityProvidence	State Zip	903	City (CANSTON	State	2]	^{Zip} 02907		
Director Name DIUCE MINNUC			Director Name	urman	0.	0-101		
Street Address Calverley S	}		Street Address 33 / LY MON +	ave	•			
city Providence	State Zip.	1908	City Why Wick	State		Zip 02888		
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.								
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.								
Name of Officer/Authorized Representative Date								
- DURO D. B	Jenn R	125	ASV.		5/4/	(4		
Signature of Officer/Authorized Representative								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov