



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

FILED

Annual Report for the year:
Corporation

2020

MAR 24 2020

BY 26580
2020

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 71251		2. Exact name of the Corporation RI FOUNDATION for FAIR CONTRACTING, INC.	
3. Principal Office Address 3 JASON DRIVE		City LINCOLN	State RI Zip 02865
4. NAICS Code 238990	6. Brief description of the character of business conducted in Rhode Island Monitoring of all development, construction and/or contracting projects with the state of Rhode Island		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name John Orabona		Vice-President Name John Orabona	
Street Address 3 Jason Drive		Street Address 3 Jason Drive	
City Lincoln	State RI	Zip 02865	City Lincoln State RI Zip 02865
Secretary Name John Orabona		Treasurer Name John Orabona	
Street Address 3 Jason Drive		Street Address 3 Jason Drive	
City Lincoln	State RI	Zip 02865	City 3 Jason Drive State RI Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City State Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City State Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐	
		NUMBER OF SHARES	CLASS/SERIES
		100	Common
			None
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.			
Name of Authorized Representative John Orabona		Date 3/10/2020	
Signature of Authorized Representative <i>John Orabona</i>		SIGN DOCUMENT HERE	