RI SOS Filing Number: 202036717820 Date: 3/24/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annua	l Report f	or the	year:
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Corporation

2020

→ Filing period: January 1 - March 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1

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BY_	ST TO	$\widetilde{\lambda}$	
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Entity ID Number	2. Exact name	of the Corporation					
71251	RI FOUNDATION for FAIR CONTRACTING, INC.						
3. Principal Office Address 3 JASON DREVE			City LINC	OLN	State R I	Zip 02865	
4. NAICS Code	6. Brief descript	ion of the characte	er of business	conducted in Rhode	Island		
238990	Monitori	ng of all	develo	oment, cons	truction	and/on	
5. State of Incorporation	contract	Monitoring of all development, construction and/or contracting projects with the state of Rhode Island					
Rhode Island	1.					0 101ana	
List ALL officers (names and add President Name	Iresass			Chec	k the box to ind	icate an attachment	
J6hn Orabona	'			Vice-President Name			
Street Address			Street Addres	<u>Orabona</u>			
3 Jason Drive				on Drive			
City	State	Zip /	City		State	Zip	
Lincoln	RI	02865	Lincol	Ln	RI	02865	
Secretary Name		-	Treasurer Na	-·-		<u> </u>	
John Orabona Street Address	50 0.4004						
3 Jason Drive			Street Addres	_			
City _	State	Zip 00000	City	n Drive	TState	Tio.	
Lincoln	RI	02865	City Jaso	on Drive	State R I	^{Zip} 02865	
8. List ALL directors (names and ad	dresses)			Check		cate an attachment	
Director Name			Director Name				
Street Address			Street Address			<u></u>	
			Street Address	S			
City	State	Zip	City	 .	State	Zip	
Director Name			Director Name				
Street Address		_	Street Address			_	
			o o con nadico.	•			
City	State	Zip	City	· · · · · · · · · · · · · · · · · · ·	State	Zip	
9. Shares Authorized		10. Shares Issue	. <u>l</u>	Check	the box to indic	cate an attachment	
This information is currently of record Department of State.	l in the	NUMBER OF SE		CLASS/SERIE	S	PAR VALUE	
Department of State.		100			٠		
Changes require an additional filing.		100		Common		None	
		<u>L</u>			1		
11. This report must be executed on	behalf of the cor	poration by an aut	horized repres	entative. If the corpo	ration is in the	hands of a receiver or	
ecoloc, mis report must be executed	חוד זס וושוו ש ט וזט ג	COMORATION by the	Preceiver or to	ictoo			
Under penalty of perjury, I declare statements, and that all statement	: anu ammi (nat Is contained her	i nave examined Bin are true and i	τηις report, II	ncluding any accon	npanying sche	dules and	
Name of Authorized Representative			2071401.		Date .		
John Orabona					3/10/2	302()	
Signature of Authorized Representat	rive				2110	~ 00	
John Orchord		SIGN DOCU	MENT HERE				
74							

MAIL 7Ó:

Division of Business Services

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

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