



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

Annual Report for the year: **2020**

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  
STAMP**  
MAY 27 2020  
FOR  
SECRETARY OF STATE

BY 1650  
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|   |                 |  |                        |                           |                     |
|---|-----------------|--|------------------------|---------------------------|---------------------|
| 1. Entity ID Number<br><b>000126034</b>   |                 | 2. Exact name of the Corporation<br><b>New England Laborers' Apprenticeship Advancement</b>  |                        |                           |                     |
| 3. State of Incorporation<br><b>Rhode Island</b>  |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>To advance the needs and goals of Apprenticeship</b> |                        |                           |                     |
| 4. NAICS Code<br><b>813930 - Labor Unions and</b>   |                 |  |                        |                           |                     |
| 6. Principal Office Address<br><b>226 South Main Street</b>   |                 | City<br><b>Providence</b>  |                        | State<br><b>RI</b>        | Zip<br><b>02903</b> |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                 |  |                        |                           |                     |
| President Name <b>Armand E. Sabitoni</b>  |                 | Vice-President Name  |                        |                           |                     |
| Street Address <b>226 South Main Street</b>   |                 | Street Address   |                        |                           |                     |
| City <b>Providence</b>  | State <b>RI</b> | Zip <b>02903</b>   | City                   | State                     | Zip                 |
| Secretary Name <b>Michael A. Traficante</b>   |                 | Treasurer Name <b>Vincent R. Masino</b>  |                        |                           |                     |
| Street Address <b>226 South Main Street</b>   |                 | Street Address <b>226 South Main Street</b>  |                        |                           |                     |
| City <b>Providence</b>  | State <b>RI</b> | Zip <b>02903</b>   | City <b>Providence</b> | State <b>RI</b>           | Zip <b>02903</b>    |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>        |                 |  |                        |                           |                     |
| Director Name <b>Armand E. Sabitoni</b>   |                 | Director Name <b>Joseph Sabitoni</b>   |                        |                           |                     |
| Street Address <b>226 South Main Street</b>   |                 | Street Address <b>226 South Main Street</b>  |                        |                           |                     |
| City <b>Providence</b>  | State <b>RI</b> | Zip <b>02903</b>   | City <b>Providence</b> | State <b>RI</b>           | Zip <b>02903</b>    |
| Director Name <b>Vincent R. Masino</b>  |                 | Director Name  |                        |                           |                     |
| Street Address <b>226 South Main Street</b>   |                 | Street Address   |                        |                           |                     |
| City <b>Providence</b>  | State <b>RI</b> | Zip <b>02903</b>   | City                   | State                     | Zip                 |
| 9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.   |                 |  |                        |                           |                     |
| <b>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.</b> |                 |  |                        |                           |                     |
| <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<br><b>Vincent R. Masino</b>   |                 |  |                        | Date<br><b>05/18/2020</b> |                     |
| Signature of Officer/Authorized Representative<br>  |                 |  |                        | SIGN DOCUMENT HERE        |                     |