



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

Annual Report for the year: **2020**

Non-Profit Corporation

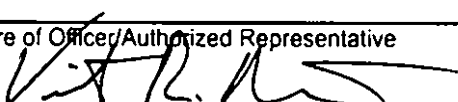
→ Filing period: June 1 - June 30

→ 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
ea

1. Entity ID Number 000126034		2. Exact name of the Corporation New England Laborers' Apprenticeship Advancement									
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To advance the needs and goals of Apprenticeship									
4. NAICS Code 813930 - Labor Unions and											
6. Principal Office Address 226 South Main Street				City Providence		State RI		Zip 02903			
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>											
President Name Armand E. Sabitoni				Vice-President Name							
Street Address 226 South Main Street				Street Address							
City Providence		State RI		Zip 02903		City		State		Zip	
Secretary Name Michael A. Traficante				Treasurer Name Vincent R. Masino							
Street Address 226 South Main Street				Street Address 226 South Main Street							
City Providence		State RI		Zip 02903		City Providence		State RI		Zip 02903	
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 Armand E. Sabitoni				Director Name Joseph Sabitoni							
Street Address 226 South Main Street				Street Address 226 South Main Street							
City Providence		State RI		Zip 02903		City Providence		State RI		Zip 02903	
Director Name Vincent R. Masino				Director Name							
Street Address 226 South Main Street				Street Address							
City Providence		State RI		Zip 02903		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.											
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.											
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>											
Name of Officer/Authorized Representative Vincent R. Masino										Date 05/18/2020	
Signature of Officer/Authorized Representative 										SIGN DOCUMENT HERE	

MAIL TO:
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Website: www.sos.ri.gov