



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
 MAY 28 2020
 1334

1. Entity ID Number 27736		2. Exact name of the Corporation North Kingstown Bus Contractors Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To provide a means for handling business interests and issues with regard to matters affecting bus owners.			
4. NAICS Code 813990 - Other Similar Or <input type="checkbox"/>					
6. Principal Office Address 50 Shore Drive		City North Kingstown	State RI	Zip 02852	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul Mumford		Vice-President Name John Novak			
Street Address 160 Railroad Avenue		Street Address 60 Cynthia Drive			
City Saunderstown	State RI	Zip 02874	City North Kingstown	State RI	Zip 02852
Secretary Name Lee Anne Gooding		Treasurer Name Lee Anne Gooding			
Street Address 50 Shore Drive		Street Address 50 Shore Drive			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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 Donel Cooper		Director Name JoAnne Corey			
Street Address 44 Hiddin Lake Drive		Street Address 175 Lafayette Rd			
City North Kingstown	State RI	Zip 02874	City North Kingstown	State RI	Zip 02852
Director Name Steve West		Director Name			
Street Address 17 Elton Street		Street Address			
City Coventry	State RI	Zip 02816	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.					
<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 Lee Anne Gooding				Date 5/24/2020	
Signature of Officer/Authorized Representative <i>Lee Anne Gooding</i>			SIGN DOCUMENT HERE		

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