



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.

JUN 08 2020

STAMP

BY 20413

USE ONLY

1. Entity ID Number 000027686		2. Exact name of the Corporation Bristol County Builders Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island The construction of houses for educational purposes.			
4. NAICS Code 611110 - Elementary and Sec					
6. Principal Office Address 443 Hope Street		City Bristol		State RI	Zip 02809
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kevin M. Francis			Vice-President Name David J. Prenda		
Street Address 115 Tupelo Street			Street Address 10 Primrose Road		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name James P. Tavares			Treasurer Name Kevin M. Francis		
Street Address 2 Kyalin Avenue			Street Address 115 Tupelo Street		
City Warren	State RI	Zip 02885	City Bristol	State RI	Zip 02809
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 Kevin M. Francis			Director Name David J. Prenda		
Street Address 115 Tupelo Street			Street Address 10 Primrose Road		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name James P. Tavares			Director Name Christopher V. Francis		
Street Address 2 Kyalin Avenue			Street Address 102 Kickemuit Avenue		
City Warren	State RI	Zip 02885	City Bristol	State RI	Zip 02809
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative Kevin M. Francis					Date 6/1/20
Signature of Officer/Authorized Representative <i>Kevin M. Francis</i>					SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 631 - Revised: 06/2019