



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

JUN 23 2020

BY

1008 DS

1. Entity ID Number 116180		2. Exact name of the Corporation Newport County Contractors Association <i>JNC</i>			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To foster and promote all trades associated with and related to the building trade industry in Newport County.			
4. NAICS Code 813910 - Business Assoc <input type="checkbox"/>					
6. Principal Office Address P.O. Box 3136		City Newport	State R.I.	Zip 02840	
7. List ALL officers (names and addresses). <input type="checkbox"/> Check the box to indicate an attachment					
President Name Garrett Behan		Vice-President Name Tom Gianetis			
Street Address 975 Aquidneck Ave.		Street Address 64 Halsey St			
City Middletown,	State RI	Zip 02842	City Newport,	State RI	Zip 02840
Secretary Name Chris Healy		Treasurer Name Gerald C. Borges			
Street Address 62 Halsey St.		Street Address 800 Aquidneck Ave.			
City Newport,	State RI	Zip 02840	City Middletown,	State RI	Zip 02842
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment					
Director Name John Marshall, Jr.		Director Name Chris Kalil			
Street Address 1700 West Main Road		Street Address 62 Halsey St.			
City Middletown,	State RI	Zip 02842	City Newport,	State RI	Zip 02840
Director Name John Peters		Director Name John Brooks			
Street Address P.O. Box 453		Street Address 1077 Aquidneck Ave.			
City Jamestown,	State RI	Zip 02835	City Middletown,	State RI	Zip 02842
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 Gerald C. Borges <i>Gerald C. Borges</i>				Date 6/18/2020	
Signature of Officer/Authorized Representative <i>Gerald C. Borges</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