



State of Rhode Island  
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

MAR 05 2021

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1. Entity ID Number 80127		2. Exact name of the Corporation R.I. Labor Management Cooperative Committrr, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To improve labor management relations in the electrical industry.			
4. NAICS Code 812990					
6. Principal Office Address 300 Centerville Rd., Summit South Suite #450		City Warwick		State RI	Zip 02886
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jeffrey Audet			Vice-President Name Joseph Walsh		
Street Address 300 Centerville Rd., Summit South Suite #450			Street Address 300 Centerville Rd., Summit South Suite #450		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Spencer Marks			Treasurer Name Spencer Marks		
Street Address 300 Centerville Rd., Summit South Suite #450			Street Address 300 Centerville Rd., Summit South Suite #450		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John MacDonald			Director Name Wayne Tait		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
Director Name Jeffrey Audet			Director Name John Ciacciarelli		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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>					
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 Spencer Marks				Date 3/3/2021	
Signature of Officer/Authorized Representative 					