

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILEDAnnual Report for the year: **2020**

Non-Profit Corporation

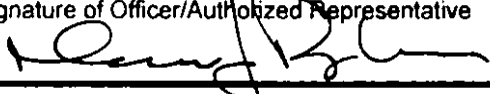
→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

MAR 22 2021

BY

1. Entity ID Number 31217		2. Exact name of the Corporation Sheet Metal Contractors Association of R.I.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Promotes the common interests of the sheet metal trade.			
4. NAICS Code 813910 - Business Association					
6. Principal Office Address 2374 Post Road, Suite 105			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name Norman Brothers			Vice-President Name Michael Machado		
Street Address 2374 Post Road, Suite 105			Street Address 2374 Post Road, Suite 105		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Norman Brothers			Treasurer Name Michael Machado		
Street Address 2374 Post Road, Suite 105			Street Address 2374 Post Road, Suite 105		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					
					Check the box to indicate an attachment ☐
Director Name Lawrence Brillon			Director Name Norman Brothers		
Street Address 2374 Post Road, Suite 105			Street Address 2374 Post Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name Michael Machado			Director Name		
Street Address 2374 Post Road, Suite 105			Street Address		
City Warwick	State RI	Zip 02886	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 Norman Brothers, President				Date 3/5/21	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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

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