



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2023

**1. Corporate ID No.** 000064803

**2. Name of Corporation** CONSTRUCTION INFORMATION EXECUTIVES (CIE)

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813920

**4. Principal Office Address**

No. and Street: C/O MARK PROVOST CPA  
10 HIGH STREET, SUITE B

City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

INCREASE AWARENESS AS TO THE VALUE OF DIFFERENT INFORMATION SYSTEMS  
TO THE CONSTRUCTION INDUSTRY

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
TREASURER	BRYANT KING	3300 RIVERWOOD PKWY SUITE 1200 ATLANTA, GA 30339 USA
DIRECTOR	DOUG MEYERS	65 ALLERTON STREET BOSTON, MA 02119 USA
DIRECTOR	JUSTIN MCFARLAND	12851 MANCHESTER ROAD ST. LOUIS, MO 63131 USA
DIRECTOR	BRIAN KONIE	909 N. PACIFIC COAST HIGHWAY EL SEGUNDO, CA 90245 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MARK R. PROVOST, CPA 10 HIGH STREET, SUITE B WAKEFIELD , RI 02879

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 28 Day of February, 2023 at 9:25:52 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By BRYANT KING  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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