



State of Rhode Island
Department of State - Business Services Division

FILED

APR 26 2023

BY 1176
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Annual Report for the year: 2023
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000082528		2. Exact name of the Corporation Rhode Island Master Plumbers Association, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island TRADE ASSOCIATION FOR PLUMBERS LICENSED AS MASTERS OR JOURNEYMEN IN THE STATE OF RI.			
4. NAICS Code 813910 - Business Associations					
6. Principal Office Address 313 WARWICK AVENUE		City CRANSTON	State RI	Zip 02905	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MELANIE ALDRICH			Vice-President Name Robert E. Coogan, Jr.		
Street Address 410 NORTH BROADWAY			Street Address 125 Drum Rock Avenue		
City EAST PROVIDENCE	State RI	Zip 02914	City Warwick	State RI	Zip 02886
Secretary Name Michael Scallon			Treasurer Name John Phillips		
Street Address 93 Reynolds Avenue			Street Address 21 Aumond Street		
City Warwick	State RI	Zip 02889	City Cranston	State RI	Zip 02905
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name STANLEY DAVIES			Director Name Fred Almeida		
Street Address P.O. BOX 3666			Street Address 22B Lark Industrial Parkway		
City CRANSTON	State RI	Zip 02921	City Greenville	State RI	Zip 02828
Director Name Donald Destradeur			Director Name Donald DiMuccio		
Street Address 124 Abbot Run Valley Road			Street Address 29 Fisher Street		
City Cumberland	State RI	Zip 02864	City North Providence	State RI	Zip 02904
9. The Registered Agent information of record with the RI Department of State is accurate. 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 John Phillips				Date 4/21/2023	
Signature of Officer/Authorized Representative <i>John Phillips, Treasurer</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov