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State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: Non-Profit Corporation

2023

MAY 09 2023

→ Filing period. February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

			<u></u> <u></u>	<del></del>	
1. Entity ID Number	2. Exact name of the Corporation		. ^ ^		
29435	Khirle Island Chapter associated General Contractors of america, Inc.				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
KN	Industry TRAde association				
4. NAICS Code	VICIUSTRY PRICE USSICIALION				
L 38390			<del>,</del>		
6. Principal Office Address	. 0	City	State	Zip 1/2909	
188 Valley St Ste 211		Providence	KV		
Check the box to indicate an attachment					
President Name BRUCE Jannuccillo		Vice-President Name Michael Busayn			
		Street Address 7 Lackson Warklyny			
city Providence	State Zip 02908	rovider ce	State	<sup>2</sup> 02903	
Secretary Name (15h leu P)	nelos	Treasurer Name Edward W. Birman L.			
Street Address 7 Jackson Walkucy		Street Address 33 lermont ave			
City Providence	State 21 Zip 02903	city/Uhrwick	State RJ	Zip 02388	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment					
Director Name Part No A 21 )	racillo	Director Name Edu XXd (A)	Burman	10.	
Street Address M Calve Ctu St		Street Address 33 Vermon + ave			
cin Collidere	State Q Zip U2908	CITY WARDWICK	State 2	Zip 02838	
Director Name (15h/2)	helos	Director Name Michael T	Susam		
Street Address 7 TACKS 6	n libikury	Street Address TJACKSON	Walkun	y	
city Providence	State DJ Zip Q2903	City / rolliderne	State R	Zip 02903	
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.					
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			Date /		
FDWARAN R	sense In The	MEDILEN.	5/3/2	- ">	
Signature of Officer/Authorized Representative					
	<u> </u>				

MAIL TO

Division of Business Services

148 W. River Street, Providence, Rhode Island 12904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov