



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2025
Non-Profit Corporation

APR 22 2025
BY

→ 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 <u>29635</u>		2. Exact name of the Corporation <u>Rhode Island Chapter Associated General Contractors of America, Inc.</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Industry Trade Association</u>	
4. NAICS Code <u>238390</u>			
6. Principal Office Address <u>931 Jefferson Blvd Ste 200</u>		City <u>Warwick</u>	State <u>RI</u>
		Zip <u>02886</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Bruce Iannuccillo</u>		Vice-President Name <u>Michael Busam</u>	
Street Address <u>70 Calverley St</u>		Street Address <u>7 Jackson Walkway</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02903</u>		Zip <u>02903</u>	
Secretary Name <u>Ashley Phelps</u>		Treasurer Name <u>Edward W. Burman, Jr.</u>	
Street Address <u>7 Jackson Walkway</u>		Street Address <u>33 Vermont Ave</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Warwick</u>	State <u>RI</u>
Zip <u>02903</u>		Zip <u>02886</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Bruce Iannuccillo</u>		Director Name <u>Michael Busam</u>	
Street Address <u>70 Calverley St</u>		Street Address <u>7 Jackson Walkway</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02903</u>		Zip <u>02903</u>	
Director Name <u>Ashley Phelps</u>		Director Name <u>Edward W. Burman, Jr.</u>	
Street Address <u>7 Jackson Walkway</u>		Street Address <u>33 Vermont Ave</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Warwick</u>	State <u>RI</u>
Zip <u>02903</u>		Zip <u>02886</u>	
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 <u>Bruce R Iannuccillo</u>			Date <u>4/14/25</u>
Signature of Officer/Authorized Representative 			

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov