



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: **2017**

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.

1. Entity ID Number <b>001087138</b>		2. Exact name of the Corporation <b>CFMA of the Ocean State</b>			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Unite individuals who have financial responsibilities in the construction industry; to provide a forum through which the Chapter's Members can meet to exchange ideas; to develop and coordinate programs dedicated to the purpose of improving the professional standards.			
4. NAICS Code 813910 - Business Association					
6. Principal Office Address 10 Weybosset Street			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Joe Siddall</b>			Vice-President Name <b>Judith Ventura Enright</b>		
Street Address <b>100 Royal Little Drive</b>			Street Address <b>10 Weybosset Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Secretary Name <b>Judith Ventura Enright</b>			Treasurer Name <b>Vanessa Pontarelli</b>		
Street Address <b>10 Weybosset Street</b>			Street Address <b>180 Buttonhole Drive</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Michelle Murphy</b>			Director Name <b>David Byrne</b>		
Street Address <b>46 Orchard Avenue</b>			Street Address <b>P.O. Box 549</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02901</b>
Director Name <b>Michael Machado</b>			Director Name <b>NONE</b>		
Street Address <b>10 Leah Street</b>			Street Address		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	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.					
<b>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.</b>					
<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 <b>Judith Ventura Enright</b>				Date <b>4/26/18</b>	
Signature of Officer/Authorized Representative <i>Judith Ventura Enright</i>				<b>FILED</b> <b>APR 30 2018</b>	

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 SECRETARY OF STATE  
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 CORPORATIONS DIV  
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BY 329.660  
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