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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2009 calendar year, or tax year beginning and ending D Employer identification number Check if applicable Please Name of organization use IRS Address change label or 51-0187738 CONSTRUCTION INDUSTRIES OF RI Name change print or Number and street (or P O box, if mail is not delivered to street address) Room/suite Telephone number Initial return type. 615 JEFFERSON BLVD 401-738-8530 Termination Specific Group Exemption City or town, state or country, and ZIP + 4 Amended return Instruc-RI 02886 WARWICK Number Application pending tions. Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach X Cash G Accounting method a completed Schedule A (Form 990 or 990-EZ). Other (specify) X if the organization is not N/A Check ▶ Website: required to attach Schedule B (Form 990, 990-EZ, or 990-PF) 527 **X** 501(c) (6) **◄** (insert no) 4947(a)(1) or Tax-exempt status (check only one) if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Check Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I 30,675 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments 62 4 Investment income 5a Gross amount from sale of assets other than inventory 5b b Less cost or other basis and sales expenses 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) C Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here Gross revenue (not including \$ of contributions 16,000 reported on line 1) 35,804 Less direct expenses other than fundraising expenses -19,8046c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) C Gross sales of inventory, less returns and allowances 7a 7a 7b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe 10,933 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 10 Grants and similar amounts paid (attach schedule) 11 11 Benefits paid to or for members 12 12 Salaries, other compensation, and employee benefits 1,900 13 13 Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance 14 14 15 Printing, publications, postage, and shipping 15 4,010 Other expenses (describe ▶ See Statement 1 16 16 5,910 17 Total expenses. Add lines 10 through 16 17 5,023 18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 92,659 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 97,682 Check assets or fund balances at end of year Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (B) End of year (A) Beginning of year <u>6</u> (See the instructions for Part II) MAY 2 4 2010 O (So 22 Cash, savings, and investments 59,582 94,559 23 Land and buildings QGP See 13 (describe > 38,100 See Statement 2 24 94,559 97,682 25 1,900 26 Total liabilities (describe ▶ See Statement 3 26 92 , 659 27 682 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

Form 990-EZ (2009)

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Form 990-EZ (2009) CONSTRUCTION	N INDUSTRIES OF RI	t 51	<u>-0187738</u>			Page 2
	ervice Accomplishments (See the instruct	ions for Part II	l.)	Ex	penses
What is the organization's primary exempt purpo	se?				(Required	
See Statement 4						ind 501(c)(4)
Describe what was achieved in carrying out the o					•	ons and section
manner, describe the services provided, the nun	iber of persons benefited, or other	relevant information	for		4947(a)(1)	trusts, optional
each program title					for others))
28						
			,	,		
(Grants \$) If this	amount includes foreign grants, ch	neck here		_ 2	28a	
29						
				,		
(Grants \$) If this	amount includes foreign grants, ch	neck here		2	29a	
30						
			ı	,		
(Grants \$) If this	amount includes foreign grants, cl	heck here	<u> </u>	3	30a	
31 Other program services (attach schedule)	See Statement 5			_		
(Grants \$) If this	amount includes foreign grants, cl	heck here	<u> </u>		31a	
32 Total program service expenses (add lines					32	
Part IV List of Officers, Directors, Trus	stees, and Key Employees. List ea			the in	structions fo	r Part IV)
(a) Name and a	idress	(b) Title and average hours per week	(c) Compensation (If not paid,		e benefit plans &	(e) Expense account and
(a) Name and a		devoted to position	enter -0)	deferred	d compensation	other allowances
STEPHEN A CARDI II	CARDI CORPORATION	PRESIDENT				
400 LINCOLN AVE., WARWICK, RI 0288	3	10.00	0		0	0
MICHAEL D D'AMBRA	D'AMBRA CONSTRUCTION	1ST VICE PRE	·			
800 JEFFERSON BLVD., WARWICK, RI		10.00	0	_	0	0
STEPHEN P LYNCH JR	J H LYNCH & SONS	2ND VICE PRE				
50 LYNCH PLACE, CUMBERLAND, RI		10.00	0		0	0
JOHN E EVERSON	NARRAGANSETT IMPROV.	TREAS.				_
223 ALLENS AVE , PROVIDENCE, RI		10.00	0		0	o
HUGO R MAINELLI	AETNA BRIDGE CO.	SECRETARY				
30 LOCKBRIDGE ST., PAWTUCKET, RI		10.00	0		<u></u> 0	
MICHAEL A GAMMINO III	M A GAMMINO CONSTR.	DIRECTOR		l		_
7 STARLINE WAY, CRANSTON, RI 02921		10.00	0	 	0	
RICHARD CHAGNON	THE HUDSON CO.	DIRECTOR				_
89 SHIP ST., PROVIDENCE, RI		10.00	0		0	c
DAVID COSTANTINO	COSCO, INC.	DIRECTOR				
707 PARK EAST DR., WOONSOCKET, RI		10.00	- 0	 	0	
ROBERT B DISCUILLO JR	DURASTONE CORP.	DIRECTOR				_
150 HIGGINSON AVE., LINCOLN, RI		10.00	<u> </u>		- 0	
ERIC LUNDBERG	P J KEATING CO.	DIRECTOR				
998 RESERVOIR RD, LUNENBURG MA		10.00			0	
						
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Form	1 990-EZ (2009) CONSTRUCTION INDUSTRIES OF RI 51-0187738		<u>F</u>	Page 3
	ort V Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33	L	X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of		ļ	
	the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported			
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			
	6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		ļ
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36	ļ	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr			
b	Did the organization file Form 1120-POL for this year?	37b	ļ	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	ļ	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶	_		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified		ŀ	
	person in a prior year, and that the transaction has not been reported on any of the organization's prior			
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	ļ	ļ
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958	_		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
	reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		↓	
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed None			
42a	The organization's books are in care of ▶ HENRY SHERLOCK Telephone no ▶			
	615 JEFFERSON BLVD.			
	Located at ▶ WARWICK, RI ZIP + 4 ▶	02886		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	ļ	X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.		1	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44	<u> </u>	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	<u> </u>	X
		Form 99	90-E2	Z (2009

orm 990-EZ			T-0181138			Page 4
Part VI	Section 501(c)(3) organizations and section 4947(
•	501(c)(3) organizations and section 4947(a)(1) non-	exempt charitat	ole trusts must	answer question	ons 46-49	9b
	and complete the tables for lines 50 and 51.		· · · · · · · · · · · · · · · · · · ·			
Did the o	organization engage in direct or indirect political campaign activities	on behalf of or in op	position to		Yes	No
candidates for public office? If "Yes," complete Schedule C, Part I						↓
Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II						
Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						
a Did the o	organization make any transfers to an exempt non-charitable related	organization?			49a	T
b If "Yes,"	was the related organization a section 527 organization?				49b	T
0 Complet	e this table for the organization's five highest compensated employe	es (other than office	rs, directors, truste	es and key		
employe	es) who each received more than \$100,000 of compensation from the	ne organization If th	ere is none, enter	"None "		
	(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans &	(e) Exper	
	than \$100,000	devoted to position		deferred compensation	account a other allows	
					 :	
f Total nui	mber of other employees paid over \$100,000	•		1		
	O of compensation from the organization. If there is none, enter "Non		Type of service	(a) (
(α) (taine and address of each independent contractor paid more than \$100,000	(6)	Type of service	(6)	ompensation	
						
				İ		
						
d Total nui	mber of other independent contractors each receiving over \$100,000	•				
u rotariidi	mber of other independent contractors each receiving over \$100,000					
	Under penalties of perjury, I declare that I have examined this return, including	accompanying echod	ilos and statements	and to the best of		
	and belief, it is true, correct, and complete Declaration of preparer (other than	officer) is based on all	information of which	preparer has any knov	knowleage wledge	
ign	1 1 1 2		وراسر ا		J	
ere	Signature of officer		Date Date	7170		
	Storband Coudill Pre	Si Denz	Date			
	Type or print name and title	2,0-2				
		Date	Check if	Preparer's Ident	ıfvına Number (S	See instr)
aid	Preparer's	6/12/	self-		.,	,
aid	signature Vallue Campana	<i> \\\\\\\</i>	/ 0 _ i employed ▶	- 		
reparer's	Firm's name (or yours	, ,		EIN ►		
se Only	Administration Services In			Phone	0.4.0 0.5.5	^
	address, and ZIP+4 200 Midway Road, Cranston,	RI 02920			942 869	
lay the IRS d	iscuss this return with the preparer shown above? See instructions	<u> </u>			Yes	No
				Fo	rm 990-E Z	Z (2009)

Form 990		Special Events Schedule						2009
		For calendar year 2009,	or tay year beginning		and	ending		2009
ame		Tor calendar year 2005,	or tax year beginning		<u>, unu</u>	Ondg	Employer lo	lentification Number
CONSTRU	JCTION	N INDUSTRIES	OF RI				51-018	7738
Gross receipt Less contrib Gross revenu Less direct Net income (le	s outions e expenses	(A) 16,000 0 16,000 35,804 -19,804	(B) (C)))	0 0 0 0 0	Others	0 0 0 0	Total 16,000 16,000 35,804 -19,804
Description	(A)	DINNER DANG	CE					
	(B)							
	(C)							
	Others							

1,900

CIRI CONSTRUCTION INDUSTRIES OF RI 51-0187738 **Feder**

Federal Statements

FYE: 12/31/2009

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount	_		
Expenses	\$			
Office	637 1,573			
Conferences/Meetings PUBLIC RELATIONS	500			
DONATIONS	1,300			
Total	·	4,010		
Statement 2 - Form 99	00-EZ, Part II, Line 24 - O	ther Assets Beginning	End of	
Description		of Year	Year	
DUE FROM AFFILIATE	\$		\$ 38,100	
	-		38,100	
Statement 3 - Form 990)-EZ, Part II, Line 26 - To	tal Liabilities		
		Beginning	End of	
Description		of Year	Year	
DUE TO AFFILIATE	\$	1,900	\$	

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CIRI CONSTRUCTION INDUSTRIES OF RI 51-0187738 Federal Statements

FYE: 12/31/2009

Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

TO FOSTER THE INTERESTS OF ORGANIZATIONS AND INDIVIDUALS ENGAGED IN THE ROAD BUILDING/PUBLIC WORKS INDUSTRY AND PROMOTE PUBLIC RELATIONS WITH GOVERNMENT, COMMUNITY AND LABOR/MANAGEMENT GROUPS.

Statement 5 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

CONFERENCE AND MEETINGS FOR CONVENIENCE OF MEMBERS FOR NETWORKING WITH PUBLIC OFFICIALS AND VENDORS

5/11/2010 5:17 PM

CIRI CONSTRUCTION INDUSTRIES OF RI
51-0187738 Federal Statements

FYE: 12/31/2009

Special Events Direct Expenses

Description	Amount		
Column A DINNER DANCE	\$		
Conferences and Meetings	35,804		
SubTotal	35,804		
Total	35,804		

Direct expenses other than fundraising expenses reported on Form 990-EZ, page 1, line 6b.