

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

401.22230

NON-PROFIT CORPORATION ANNUAL REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.L.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject

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to a penalty fee of \$25.00.						
1. Corporate ID No.	2. Name of Corporation					
58205	Local 387 American Postal Workers Union Inc					
3. State of Incorporation	4. Corporate addi	ess in Rhode Island - Street A	ddress	City	Zip	
RI	1192 Plainfi	eld Street		Johnston	02919	
5. Foreign corporation. Enter pri	ncipal office address		City	State	Zip	
	0.1 0.1	and the sendented in Ph	ode Island			
6. Brief Description of the character						
Represents members in co	ollective bargain	ing agreement with the	United States Postal Service.			
7 NAMES AND ADDRESSE	S OF THE OFF	CERS: ("X" BOX FOR AT	TACHMENT) [FILL IN SPACES I	BEFORE USING ATTAC	CHMENTS	
President Name			Vice President Name			
Ronald Mathieu			Raymond Kearns			
Street Address			Street Address			
1192 Plainfield Street			1192 Plainfield Street			
City	State	Zíp	City	State	Zip	
Johnston	RI	02919	Johnston	RI	02919	
Secretary Name		<u> </u>	Treasurer Name			
Robert Herron			Kelly Sullivan			
Street Address			Street Address			
217 Vista Cl #13			49 Keats Drive			
City	State	Ζψ	City	State	Zip	
N Kingstown	RI	02852	N Kingstown	RI	02852	
8. NAMES AND ADDRESSI	ES OF THE DIR	ECTORS: ("X" BOX FOR	ATTACHMENT) FILL IN SPACES	BEFORE USING ATTA	CHMENTS	
THE NUMBER OF DIRECT	TORS OF A DOL	MESTIC (RHODE ISLA)	ND) CORPORATION SHALL NOT	BE LESS THAN THRI	EE (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Kelly Sullivan			Ronald Mathieu			
Street Address			Street Address			
49 Keats Drive			1192 Plainfield Street			
City	State	Zip	City	State	Zip	
N Kingstown	RI	02952	Johnston	RI	02919	
Director Name			Director Name			
Robert Andreozzi						
Street Address			Street Address			
511 Maple Ave				l error	Zψ	
City	State	Zip	City	State	Z.(p	
Barrington	RI	02806	ol	641 PIGI 7.6.13	 7-6-78	
9. REGISTERED AGENT II	N RHODE ISLAN	ND - DO NOT ALTER -	Changes require filing of Form	VII - R.I.V.L. /-V-13	/ /- V- / V	
Agent Name			Address			
Lori Levin Salk CPA					<u> </u>	
Address			City	Zip		
27 Bakewell Ct			Cranston	02921		
This report mu	st be signed by	either the President, Vic	e President, Secretary, Assistant Se	cretary, Treasurer, Rec	eiver or Trustee	

5 8 2 0 5	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date 6-9-08	statements contained herein are true and correct. Signature of Officer Date
Check No	Kelly Sullivan Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Treasurer Title of Officer