

	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$20.00
	Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615 Telephone: (401) 222-3040	LOGOUT
Non-Profit Corporation Annual Report Filing Period: June 1 - June 30		
<i>In accordance with R.I.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 to a penalty fee of \$25.00.</i>		
? Help with this form		
ANNUAL REPORT YEAR: 2009		
1. Corporate ID No. 000029970		
2. Name of Corporation <u>TEAMSTERS WELFARE BUILDING, INC.</u>		
3. State of Incorporation State: <u>RI</u>		
4. Corporate Address in Rhode Island No. and Street: 1201 ELMWOOD AVENUE City or Town: PROVIDENCE State: <u>RI</u> Zip: <u>02907-3796</u> Country: <u>USA</u>		
5. Foreign Corporation. Enter Principal Office Address No. and Street: City or Town: State: Zip: Country:		
6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island <u>OWNERSHIP OF AN OFFICE BUILDING</u>		
7. Names and Addresses of the Officers and Directors: All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23		

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MAY 22 2009

By MNC

CH # 11388

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
☐	PRESIDENT	JOSEPH J BAIROS	1201 ELMWOOD AVENUE EAST PROVIDENCE, RI 02907-3799 USA
☐	DIRECTOR	BRIAN E. CARROLL	121 BRIGHTRIDGE AVENUE EAST PROVIDENCE, RI 02914
☐	Director	KEVIN G REDDY	121 BRIGHTRIDGE AVENUE EAST PROVIDENCE, RI 02914 USA
☐	Director	STEVEN M LABRIE	121 BRIGHTRIDGE AVENUE EAST PROVIDENCE, RI 02914 US
☐	DIRECTOR	BARRY S GOLDEN	1637 ELMWOOD AVENUE CRANSTON, RI 02910 USA
☐	Director	ANTONIO B CARDI	400 LINCOLN AVENUE CRANSTON, RI 02888 USA
☐	Director	FRANCIS J MAXWELL	643 WEST 43RD STREE NEW YORK, NY 10036 USA
☐	President	PAUL M FRADIN	PO BOX 1427 WEST GREENWICH, RI 02819 USA

Secretary

Title: Secretary

First Name:

Middle Name:

Last Name:

Suffix:

Address:

City:

State:

Zip:

Country:

Clear

Add

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JOSEPH J. BAIROS 1201 ELMWOOD AVENUE PROVIDENCE , RI 02907

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Tammy Beaudreault

Business Name: Teamsters Local 251 HSIP

No. and Street:

- Same Address as -

City or Town: Providence

State: RI

Zip: 02907

Country: USA

Contact Phone: 4014673323 ext:

Contact Email: tammyb@conversent.net

Clear

Please provide an email address to receive an expedited response from the Corporations Division if the filing is rejected for any reason. If no email address is provided, correspondence from the Division will be sent by mail.

Signed this 11 Day of May, 2009 at 9:10:17 AM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the

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By Tammy Beaudreault
ID # 29970

act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By

Signature of Officer of the Corporation

Joseph J. Bair Jr.

☒ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or

☐ Treasurer or ☐ Receiver or ☐ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-6. You hereby agree that any legal issues or causes of action arising from the submission of this

☒ Accept

☐ Decline

[Click HERE to Submit This Information](#)

Form No. 631
Revised 09/07

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By

mmc
ID # 29970