

A. Ralph Mollis, Secretary of State Corporations Division

148 W. Rever Street

Providence, RI 02064-2615 401.12.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR <

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.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.	La Manua e Colombia					
Corporate ID No.	1	2. Name of Corporation Amalgamated Transit Union Division 618 AFL-CIO				
3. State of Incorporation				City	Zip	
	1 -	4. Corporate address in Rhode Island - Street Address 172 Longfellow Street		Providence	1 2	
31			Leve		02907	
5. Foreign corporation. Enter principal office address			City	State	Zip	
Brief Description of the charac	cter of the affairs which	are actually conducted in Rh		TOTDE	lic Tull	
/UNION/	KAJAKS.	KNIING K	MAPLYEES A	·	_	
	SES OF THE OFFI	ICERS: ("X" BOX FOR AT	TACHMENT) 🔲 FILL IN SPA	CES BEFORE USING ATTA	CHMENTS	
President Name			Vice President Name			
tephen S. Farrell			Thomas Cute			
Street Address			Street Address			
150 Ocean Avenue			280 Newport Avenue			
Лу	State	Zip	City	State	Zip	
ranston	RI	02905	Pawtucket	RI	02861	
ocretary Name			Treasurer Name Kevin M. Millea			
Street Address			Sirves Address 15 Fair Street			
City	State	Zip	Сіцу	State	Zip	
		i	Warwick	l RI	02888	
. NAMES AND ADDRES	SES OF THE DIRE	ECTORS: ("X" BOX FOR	ATTACHMENT) TILL IN SPA	•		
			ND) CORPORATION SHALL			
Strector Name	/		Director Name			
STAN	Cal. C	FARKELL	Than	VACCIIIX	e ^m	
ireci Address	- J.	MAN CO	Street Address	11-3 =		
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) Suite	1000	- In		14 A A	
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ANS/01	1	0270		K KL	0276	
Strector Name	V /L	0270	Director Name	in M.M.	1/1/1	
Strector Name			Divector Name Street Address	IN M. M.	0286	
Strector Name Street Address	State	Zip	KEW	State State	0286	
Strector Name Greet Address Hy		'	Street Address	State State	0286	
Street fir Name treet Address		'	Street Address	State State	0286	
Strector Name Treet Address Try D. REGISTERED AGENT	IN RHODE ISLAN	D	Street Address	K KL	10.24	

-	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	state thants contained herein age true and correct. Signature of Officer Signature of Officer
Check No	Kevin M. Millea Print or Type Name of Officer
By FOR SECRETARY OF STATE USE ONLY	Secretary-Treasurer Title of Officer