RI SOS Filing Number: 201062344790 Date: 05/08/2010 12:55 PM

State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2010

1. Corporate ID No. 000081927

2. Name of Corporation NEW ENGLAND ASSOCIATION OF LABOR RETIREES, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 94 CLEVELAND STREER
City or Town: NORTH PROVIDENCE State: RI Zip: 02904 Country: USA

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

TO FORM A UNITED FRONT FOR THE PRESERVATION OF THE IDEALS OFTRADE UNIONISM.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	KATHIE BOFFA	459 UNDERWOOD STREET HOLLISTON, MA 01746 USA
PRESIDENT	JOHN A PERNORIO	341 SIMMONSVILLE AVENUE #310 JOHNSTON, RI 02919- USA
DIRECTOR	PETER VERRENGIA	120 SENATE STREET PAWTUCKET , RI 02860 USA
DIRECTOR	DR. JOSEPH BOFFA	459 UNDERWOOD STREET HOLLISTON, MA 01746 USA
DIRECTOR	KATHIE BOFFA	459 UNDERWOOD STREET HOLLISTON, MA 01746 USA

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

JOHN A. PERNORIO 94 CLEVELAND STREET NORTH PROVIDENCE , RI 02904

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

Signed this 8 Day of May, 2010 at 12:58:00 PM. *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 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 JOHN A. PERNORIO
Signature of Officer of the Corporation

X 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.

Form No. 631
Revised 09/07