



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 89230		2. Exact name of the Corporation Amalgamated Transit Union Division 618 AFL-CB			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island UNION			
5. Principal office address 172 Longfellow St		City PROVIDENCE	State RI	Zip 02907	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name PAUL HARRINGTON			Vice-President Name Thomas Cuta		
Street Address 4 Enzo Dr			Street Address 280 NEWPORT AV		
City Coventry	State RI	Zip 02816	City PAWTUCKET	State RI	Zip 02861
Secretary Name			Treasurer Name KEVIN MILLEN		
Street Address			Street Address 15 Fair St		
City	State	Zip	City WARWICK	State RI	Zip 02886
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name KEVIN Cole			Director Name Nicholas DeGISTOFARO		
Street Address 51 North St			Street Address 35 KING St		
City Cranston	State RI	Zip 02920	City PROVIDENCE	State RI	Zip 02914
Director Name Brian Farrell			Director Name		
Street Address 7 Dana Dr.			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____

FILED 1148

Check No _____

MAY 21 2012

By: _____

FOR SECRETARY OF STATE USE ONLY

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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Kevin M. Millett 5/17/2012
Signature of Officer Date

KEVIN M. MILLET

Print or Type Name of Officer

Treasurer

Title of Officer