



**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 2011**

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. <b>89230</b>		2. Exact name of the Corporation <b>Amalgamated Transit Union Division 618 AFL-CIO</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Union</b>			
5. Principal office address <b>172 Longfellow St</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Stephen S. Farrell</b>			Vice-President Name <b>Thomas Cote</b>		
Street Address <b>150 Ocean Av</b>			Street Address <b>280 Newport Av</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02861</b>
Secretary Name			Treasurer Name <b>KEVIN M. MILLEA</b>		
Street Address			Street Address <b>15 Fair St</b>		
City	State	Zip	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
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 <b>Peter Ritchie</b>			Director Name <b>Robert Doyle</b>		
Street Address <b>27 Carey St</b>			Street Address <b>119 Paine Av</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02918</b>
Director Name <b>James Murphy</b>			Director Name		
Street Address <b>57 Wakefield St</b>			Street Address		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	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 \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

**MAY 21 2012**

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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. Millea** 5/17/2012

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

Print or Type Name of Officer  
**KEVIN M. MILLEA**

Title of Officer  
**Treasurer**

SECRETARY OF STATE  
CORPORATIONS DIV  
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