



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

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

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>PAUL HARRINGTON</b>			Vice-President Name <b>THOMAS CUTE</b>		
Street Address <b>4 ENZO DRIVE</b>			Street Address <b>280 NEWPORT AV</b>		
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02861</b>
Secretary Name			Treasurer Name <b>KEVIN MILLEA</b>		
Street Address			Street Address <b>15 FAIR ST</b>		
City	State	Zip	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>KEVIN COLE</b>			Director Name <b>NICHOLAS DECRISTOFARO</b>		
Street Address <b>51 NORTH ST</b>			Street Address <b>35 KING ST</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>NO PROVIDENCE</b>	State <b>RI</b>	Zip <b>02911</b>
Director Name <b>BRIAN FARRELL</b>			Director Name		
Street Address <b>7 DANIA DR</b>			Street Address		
City <b>NARRAGANSETT</b>	State <b>RI</b>	Zip <b>02882</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, duly Authorized Representative, Receiver or Trustee

RECEIVED  
 SECRETARIAT OF STATE  
 CORPORATIONS DIV  
 MAY 21 PM 3:42

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

FILED

*Kevin Millea* 5/21/2014  
 Signature of Officer or Authorized Representative Date

MAY 21 2014

BY Ch 224690 **KEVIN M. MILLEA**  
 Print or Type Name of Officer or Authorized Representative

3:43