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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 2015

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.	2. Exact name of the Corporation
54685	**Plumbers & Pipefitters Local 51 Realty Corporation**
3. State of Incorporation **Rhode Island**	4. Brief description of the character of business conducted in Rhode Island **Realty holding company**

5. Principal office address	City	State	Zip
11 Hemingway Drive	**East Providence**	**RI**	**02915**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ('X' BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Robert Bolton			**Timothy Byrne**		
Street Address			Street Address		
505 Narragansett Park Drive			**11 Hemingway Drive**		
City	State	Zip	City	State	Zip
Pawtucket	**RI**	**02861**	**East Providence**	**RI**	**02915**
Secretary Name			Treasurer Name		
Michael St. Martin			**Paul Alvarez**		
Street Address			Street Address		
10 Leah Street			**11 Hemingway Drive**		
City	State	Zip	City	State	Zip
Johnston	**RI**	**02919**	**East Providence**	**RI**	**02915**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ('X' BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Robert Bolton			**Timothy Byrne**		
Street Address			Street Address		
505 Narragansett Park Drive			**11 Hemingway Drive**		
City	State	Zip	City	State	Zip
Pawtucket	**RI**	**02861**	**East Providence**	**RI**	**02915**
Director Name			Director Name		
Michael St. Martin			**Paul Alvarez**		
Street Address			Street Address		
10 Leah Street			**11 Hemingway Drive**		
City	State	Zip	City	State	Zip
Johnston	**RI**	**02919**	**East Providence**	**RI**	**02915**

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

FILED
MAY 18 2015

File Date
Check No. 2037
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.

Signature of Officer or Authorized Representative — Date 5/18

Timothy Byrne
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
120985-13-1034510