



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. 54685		2. Exact name of the Corporation 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 11 Hemingway Drive		City East Providence	State RI	Zip 02915	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT ☐					
President Name Robert Bolton		Vice-President Name Timothy Byrne			
Street Address 505 Narragansett Park Drive		Street Address 11 Hemingway Drive			
City Pawtucket	State RI	Zip 02861	City East Providence	State RI	Zip 02915
Secretary Name Michael St. Martin		Treasurer Name Paul Alvarez			
Street Address 10 Leah Street		Street Address 11 Hemingway Drive			
City Johnston	State RI	Zip 02919	City East Providence	State RI	Zip 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 Robert Bolton		Director Name Timothy Byrne			
Street Address 505 Narragansett Park Drive		Street Address 11 Hemingway Drive			
City Pawtucket	State RI	Zip 02861	City East Providence	State RI	Zip 02915
Director Name Michael St. Martin		Director Name Paul Alvarez			
Street Address 10 Leah Street		Street Address 11 Hemingway Drive			
City Johnston	State RI	Zip 02919	City East Providence	State RI	Zip 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: **MAY 18 2015**
Check No.: **2037**
By: **[Signature]**
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] **5/18/15**
Signature of Officer or Authorized Representative Date

Timothy Byrne
Print or Type Name of Officer or Authorized Representative