



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000058205

2. Name of Corporation LOCAL 387 AMERICAN POSTAL WORKERS UNION, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 1192 PLAINFIELD STREET

City or Town: JOHNSTON

State: RI Zip: 02919 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

UNION

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ANN ALBRO-MATHIEU	P O BOX 41241 PROVIDENCE, RI 02940 USA
TREASURER	KELLY SULLIVAN	49 KEATS DRIVE NORTH KINGSTOWN, RI 02852 USA
SECRETARY	JAMES OBRIEN	101 WINTERBERRY ROAD

		SAUNDERSTOWN, RI 02874 USA
VICE PRESIDENT	RAYMOND KEARNS	PO BOX 41197 PROVIDENCE, RI 02940 USA
DIRECTOR	RAYMOND KEARNS	PO BOX 41197 PROVIDENCE, RI 02940 USA
DIRECTOR	KELLY SULLIVAN	49 KEALS DRIVE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	JAMES OZANIAN	37 COLD SPRINGS PL WOONSOCKET, RI 02895 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

LORI LEVIN SALK, CPA 27 BAKEWELL COURT CRANSTON , RI 02921

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 22 Day of June, 2015 at 4:16:23 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By KELLY SULLIVAN
Signature of Authorized Person

Form No. 631
Revised 09/07

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