



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
89230		Amalgamated Transit Union Division 618 - AFL-CIO			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		To Operate A Local Union Organization			
5. Principal Office Address		City	State	Zip	
172 Longfellow Street		Providence	RI	02907	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas G. Cute		Vice-President Name Kevin Cole			
Street Address 280 Newport Avenue		Street Address 51 North Street			
City Pawtucket	State RI	Zip 02861	City Cranston	State RI	Zip 02920
Secretary Name		Treasurer Name Kevin Millea			
Street Address		Street Address 15 Fair Street			
City	State	Zip	City Warwick	State RI	Zip 02888
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Thomas G. Cute		Director Name Kevin Cole			
Street Address 280 Newport Avenue		Street Address 51 North Street			
City Pawtucket	State RI	Zip 02861	City Cranston	State RI	Zip 02920
Director Name Kevin Millea		Director Name			
Street Address 15 Fair Street		Street Address			
City Warwick	State RI	Zip 02888	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative				Date	
<i>Thomas G. Cute</i>				5/11/2016	
Signature of Officer/Authorized Representative				SIGN DOCUMENT HERE	
<i>Thomas G. Cute</i>					

FILED

MAY 16 2016

BY 19235 DS