



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

Annual Report for the year: **2017**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

STAMP

1. Entity ID Number 54685		2. Exact name of the Corporation Plumbers & Pipefitters Local 51 Realty Corporation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Realty holding company			
4. NAICS Code 813930					
6. Principal Office Address 11 Hemingway Drive		City East Providence	State RI	Zip 02915	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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
8. 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 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
9. 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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Timothy Byrne				Date 6/6/17	
Signature of Officer/Authorized Representative 				FILED JUN 15 2017 BY 242410	
SIGN DOCUMENT HERE					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 05/2017