



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

Annual Report for the year: **2019**

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.

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 - Labor Unions and					
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 Micheal 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative					Date 5/21/19
Signature of Officer/Authorized Representative <i>Timothy Byrne</i>					

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

FILED
JUN 10 2019
BY 788 J