



RI SOS Filing Number: 201998309380 Date: 6/20/2019 4:00:00 PM

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.

FILED

JUN 20 2019

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1. Entity ID Number 000029970		2. Exact name of the Corporation Teamsters Welfare Building Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Provide health and life insurance benefits to active and retired members of Local 251			
4. NAICS Code 813930 - Labor Unions and					
6. Principal Office Address 1201 Elmwood Avenue		City Providence		State RI	Zip 02907-3799
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Matthew G. Taibi			Vice-President Name Frank P. Parella		
Street Address 121 Brightridge Avenue			Street Address 119 Hopkins Hill Road		
City East Providence	State RI	Zip 02914	City West Greenwich	State RI	Zip 02817
Secretary Name Paul J. Santos			Treasurer Name Jeffrey C. Isaacs		
Street Address 121 Brightridge Avenue			Street Address 16 Raven Street		
City East Providence	State RI	Zip 02914	City Wesley Hills	State NY	Zip 10952
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 Matthew A. Maini			Director Name William Schmiedeknecht		
Street Address 121 Brightridge Avenue			Street Address 167 Point Street		
City East Providence	State RI	Zip 02914	City Providence	State RI	Zip 02903
Director Name Jeffrey C. Isaacs			Director Name		
Street Address 16 Raven St			Street Address		
City Wesley Hills	State NY	Zip 10952	City	State	Zip
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 Matthew G. Taibi				Date 5/14/2019	
Signature of Officer/Authorized Representative 					

MAIL TO:
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