



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

Non-Profit Corporation

- Filing period February 1 - May 1  
→ Filing Fee \$20.00  
→ Penalty Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE  
BUS SVCS DIV  
FOR SECRETARY OF STATE  
USE ONLY

2023 SEP 28 P 2:36

1. Entity ID Number 000028027		2. Exact name of the Corporation Local 37 Corporation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Labor Organization			
4. NAICS Code 813930					
6. Principal Office Address 845 Waterman Ave			City East Providence	State RI	Zip 02914
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Matthew Jackson			Vice-President Name Jason Wilkins		
Street Address 275 Barnes Rd			Street Address 101 Ten Rod Rd		
City Burrillville	State RI	Zip 02830	City N Kingstown	State RI	Zip 02852
Secretary Name Alexander Bragantin			Treasurer Name David Langlais		
Street Address 213 Stoney Hill Rd			Street Address 23 Hunters Crossing Dr		
City Swansea	State MA	Zip 02777	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Thomas Grant			Director Name Michael Knips		
Street Address 157 S Killingly Rd			Street Address 33 South St		
City Foster	State RI	Zip 02825	City Barrington	State RI	Zip 02800
Director Name Warnsey Wiggins			Director Name Nathan Williams		
Street Address 13 Dale Ave			Street Address 25 Miner St		
City West Warwick	State RI	Zip 02893	City Westerly	State RI	Zip 02891
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641					
<b>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.</b>					
<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 <b>David Langlais Treasurer</b>				Date <b>9/28/2023</b>	
Signature of Officer/Authorized Representative <span style="float: right;"><b>FILED</b></span>					

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

SEP 28 2023  
BY ML RJY2A

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