



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.

REC'D RIDOS BSD
24 JAN 30 AM 4:42:09

1. Entity ID Number <u>060139684</u>		2. Exact name of the Corporation <u>TEAMSTERS LOCAL 251 RETIREES</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>FRATERNAL ORGANIZATION OF RETIREES</u>	
4. NAICS Code <u>813410</u>			
6. Principal Office Address <u>121 BRIGHTRIDGE AVE</u>		City <u>EAST PROVIDENCE</u>	State <u>RI</u> Zip <u>02914</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>MICHAEL L. PARRILLO</u>		Vice-President Name <u>RAYMOND GRILLI</u>	
Street Address <u>85 23F FORAND CIRCLE</u>		Street Address <u>11 BROOKFIELD ST</u>	
City <u>JOHNSTON</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>PROVIDENCE</u> State <u>RI</u> Zip <u>02919</u>
Secretary Name		Treasurer Name <u>NEIL LAUDON</u>	
Street Address		Street Address <u>37 BARKER STREET</u>	
City	State	Zip	City <u>WARWICK</u> State <u>RI</u> Zip <u>02888</u>
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 <u>PETER TABORELLI</u>		Director Name <u>NEIL LAUDON</u>	
Street Address <u>15 WENSCOTT LANE</u>		Street Address <u>37 BARKER STREET</u>	
City <u>NORTH PROVIDENCE</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>WARWICK</u> State <u>RI</u> Zip <u>02888</u>
Director Name <u>RAYMOND GRILLI</u>		Director Name	
Street Address <u>11 BROOKFIELD STREET</u>		Street Address	
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02909</u>	City <u>WARWICK</u> State <u>RI</u> Zip <u>02888</u>
9. The Registered Agent information of record with the RI Department of State is accurate. 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 <u>MICHAEL L. PARRILLO</u>			Date <u>1/30/24</u>
Signature of Officer/Authorized Representative <u>[Signature]</u> FILED 442			

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

JAN 30 2024
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