



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 10 2025 T.A.M.P

Annual Report for the year: 2025

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.



BY 5294

1. Entity ID Number 000047796		2. Exact name of the Corporation Local Union 99 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 22 Amflex Drive		City Cranston		State RI	Zip 02921
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Wayne Tait			Vice-President Name Anthony DeMambro		
Street Address 22 Amflex Drive			Street Address 22 Amflex Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Mark Shanley			Treasurer Name Salvatore Masi		
Street Address 22 Amflex Drive			Street Address 22 Amflex Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
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 Joseph L. Walsh, Jr.			Director Name Jeffrey D'Antuono		
Street Address 22 Amflex Drive			Street Address 22 Amflex Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Director Name Alan Desplaines			Director Name John MacDonald		
Street Address 22 Amflex Drive			Street Address 22 Amflex Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Joseph L. Walsh, Jr.					Date 3.6.25
Signature of Officer/Authorized Representative 					

MAIL TO:
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