



State of Rhode Island
Department of State - Business Services Division

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.

FILED

APR 30 2025
BY *[Signature]*

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					
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 Paul Alvarez		
Street Address 515 Narragansett Park Drive			Street Address 11 Hemingway Drive		
City Pawtucket	State RI	Zip 02919	City East Providence	State RI	Zip 02915
Secretary Name Mike Machado			Treasurer Name John McMullen		
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 Paul Alvarez		
Street Address 515 Narragansett Park Drive			Street Address 11 Hemingway Drive		
City Pawtucket	State RI	Zip 02861	City East Providence	State RI	Zip 02915
Director Name Mike Machado			Director Name John McMullen		
Street Address 10 Leah Street			Street Address 11 Hemingway Drive		
City Johnston	State RI	Zip 02919	City East Providence	State RI	Zip 02915
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 <i>[Signature]</i>					Date 4-27-25
Signature of Officer/Authorized Representative <i>[Signature]</i>					

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov