U S Department of Labor
Office of Labor Management Standards
Washington DC 20210

FORM LM-30
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only
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US DOL ESA Rec'd AUG 17 2005 B OKLAHOMA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9132

2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004

3 Name and address of person filing

Name Ronald M Coia

P O Box Bldg Room No if any

Street 6 Old Jenckes Hill Road

City Lincoln

State Rhode Island ZIP Code + 4 02865

4 Name file number and address of labor organization

Name Rhode Island Laborers District Council

Labor Organization File Number 065-842

P O Box Building and Room Number if any

Street 410 South Main Street

City Providence

State Rhode Island ZIP Code + 4 02903

5 Position in labor organization

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. *Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of* monetary value **from an employer whose employees your organization represents** or is actively seeking to represent.

6 Name and address of Employer (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

7 a Nature of Interest, Transaction or Income

7 b Amount

$0

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed Ronald M. Coia On 8-11-05 Date 401-751-6565 Telephone Number

Name of Person Filing Ronald Coia	File Number U

B Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name: NE Laborers Labor Management Co op Tr LECET

Trade Name if any:

P O Box Bldg Room No if any:

Street: 226 South Main Street

City: Providence

State: Rhode Island ZIP Code + 4: 02903

9 Business deals with

- [X] a Labor Organization
- [ ] b Trust
- [ ] c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name:

Trade Name if any:

P O Box Bldg Room No if any:

Street:

City:

State: ZIP Code + 4:

11 a Nature of such dealing

To secure projects and jobs increase union sector marketshare advertise their services develope a workforce and advance shared merket related interests

11 b Approximate dollar value of such dealing: $0

12 a Nature of interest held or income received

Expense allowance in connection with 2004 annual Tri Fund conference

12 b Amount: $3 000

C **Received from any employer** *(other than an employer covered under parts A and B above)* or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name:

Trade Name if any:

P O Box Bldg Room No if any:

Street:

City:

State: ZIP Code + 4:

14 a Nature of payment

13 b Is the Business an Employer [ ] or Consultant [ ] ?

14 b Amount of payment: $0

Name of Person Filing Ronald Coia	File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

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Trade Name if any:

P O Box Bldg Room No if any:

Street: 226 South Main Street

City: Providence

State: Rhode Island ZIP Code + 4: 02903

9 Business deals with

- [X] a Labor Organization
- [ ] b Trust
- [ ] c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name:

Trade Name if any:

P O Box Bldg Room No if any:

Street:

City:

State: ZIP Code + 4:

11 a Nature of such dealing

To secure projects and jobs increase union sector marketshare advertise their services develope a workforce and advance shared merket related interests

11 b Approximate dollar value of such dealing: $0

12 a Nature of interest held or income received

Individual value of dinner meeting allocated to each attendee

12 b Amount: $192

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8 Name and address of Business (including trade name if any)

Name: NE Lab Health & Saftey and Lab Mgt Co op Tr

Trade Name if any:

P O Box Bldg Room No if any:

Street: 410 South Main Street

City: Providence

State: Rhode Island ZIP Code + 4: 02903

9 Business deals with

- [x] a Labor Organization
- [ ] b Trust
- [ ] c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name:

Trade Name if any:

P O Box Bldg Room No if any:

Street:

City:

State: ZIP Code + 4:

11 a Nature of such dealing

To secure projects and jobs increase union sector marketshare advertise their services develope a workforce advance shared merket related interests and promote health and saftey issues to members

11 b Approximate dollar value of such dealing: $0

12 a Nature of interest held or income received

Value of attendance at a gathering for the holiday season

12 b Amount: $100

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8 Name and address of Business (including trade name if any)

Name: Laborers International Union of NA LECET

Trade Name if any:

P O Box Bldg Room No if any:

Street: 905 16th Street NW

City: Washington

State: District of Columbia ZIP Code + 4: 20006

9 Business deals with

- [X] a Labor Organization
- [ ] b Trust
- [ ] c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name:

Trade Name if any:

P O Box Bldg Room No if any:

Street:

City:

State: ZIP Code + 4:

11 a Nature of such dealing

National LECET which promotes labor management cooperation for its affiliates

11 b Approximate dollar value of such dealing:

12 a Nature of interest held or income received

Value of reception held 1-18 04 at Tri-Fund conference

12 b Amount: $104

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8 Name and address of Business (including trade name if any)

Name: New England laborers Training Trust Fund

Trade Name if any:

P O Box Bldg Room No if any:

Street: 37 East Street

City: Hopkinton

State: Massachusetts ZIP Code + 4: 01748

9 Business deals with

- [X] a Labor Organization
- [ ] b Trust
- [ ] c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name:

Trade Name if any:

P O Box Bldg Room No if any:

Street:

City:

State: ZIP Code + 4:

11 a Nature of such dealing

Provide training to union members

11 b Approximate dollar value of such dealing:

12 a Nature of interest held or income received

Value of 7 23 04 luncheon

12 b Amount: $62

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8 Name and address of Business (including trade name if any)

Name: New England Laborers Training Trust Fund

Trade Name if any:

P O Box Bldg Room No if any:

Street: 37 East Avenue

City: Hopkinton

State: Massachusetts ZIP Code + 4: 01748

9 Business deals with

- [X] a Labor Organization
- [ ] b Trust
- [ ] c. Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name:

Trade Name if any:

P O Box Bldg Room No if any:

Street:

City:

State: ZIP Code + 4:

11 a Nature of such dealing

Provide training to union members

11 b Approximate dollar value of such dealing:

12 a Nature of interest held or income received

Value of holiday gift basket

12 b Amount: $67

US DOL ESA
Rec'd
AUG 17 2005
OLMS B

Ronald M Coia
6 Old Jenckes Hill Road
Lincoln, RI 02865

August 10, 2005

US Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D C 20210

Dear Sir or Madam

Enclosed in my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds My understanding is that the Department's guidance to date on the LM-30 reporting is still changing and remains uncertain in various particulars

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004

Sincerely,

RONALD M COIA

RMC/lr
Enclosure