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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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U- 9856	2 Fiscal Year Covered From 01/01/04 Through 12/31/04
3 Name and address of person filing Name Steven M Labrie P O Box, Bldg , Room No , if any Street 121 Brightridge Ave City East Prov State RI ZIP Code + 4 02914	4 Name, file number, and address of labor organization Name Teamsters Local 251 Labor Organization File Number ~~004-870~~ 030541 P O Box, Building and Room Number, if any Street 121 Brightridge Ave City East Prov. State RI ZIP Code + 4 02914
5 Position in labor organization Business Agent	

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.

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 Steven M Labrie On 8/15/05 (401) 434-0454
Date Telephone Number

Name of Person Filing Steven M. Labrie	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 Coia + Lepore limited

Trade Name, if any

P O Box, Bldg , Room No , if any

Street 226 South Main St.

City Prov

State RI. ZIP Code + 4

9 Business deals with Jim Lepore

a Labor Organization

b Trust

c Employer

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

Name Teamsters Local 251 HSIP

Trade Name, if any

P O Box, Bldg Room No , if any

Street 1201 Elmwood Ave

City Prov

State RI ZIP Code + 4 02907

11 a Nature of such dealing

Provides legal benefits for participants for Local 251 H&W

11 b Approximate dollar value of such dealing 263,712.80

12 a Nature of interest held or income received

Christmas Gift
1 case of wine

12 b Amount $100 00

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