

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan RHODE ISLAND LABORERS ANNUITY FUND	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 06/03/1985
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES RHODE ISLAND LABORERS ANNUITY FUND 200 MIDWAY ROAD CRANSTON, RI 02920	2b Employer Identification Number (EIN) 05-0417267 2c Plan Sponsor's telephone number 401-942-8690 2d Business code (see instructions) 238900

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2024	MICHAEL SABITONI, TRUSTEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 9169
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 9169 6a(2) 9172 6b 6c 6d 9172 6e 0 6f 9172 6g(1) 6g(2) 9172 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2C

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached _____
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan RHODE ISLAND LABORERS ANNUITY FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES RHODE ISLAND LABORERS ANNUITY FUND	D Employer Identification Number (EIN) 05-0417267

Part I

Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

Yes

X

No
- b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b)

Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b)

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

LOOP CAPITAL ASSET MANAGEMENT

26-3780612

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	154181	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

ACADIAN ASSET MANAGEMENT

26-3368395

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	71842	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

SEGAL COMPANY

13-1928058

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	NONE	63085	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

RI LABORERS HEALTH FUND

05-6010637

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	COMMON MEMBERSHIP	53045	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

UNION LABOR LIFE INSURANCE COM

13-1423090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	43613	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

ADMINISTRATION SERVICES, INC.

05-0345198

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	42000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

SEGAL MARCO ADVISORS

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	40250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

CITIZENS BANK

20-2635739

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	35239	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

CORRENTE LAW OFFICE

06-1484539

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	26000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

WARD FISHER & COMPANY

05-0234540

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	23800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

STATE STREET GLOBAL ADVISORS

04-0025081

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	22587	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan RHODE ISLAND LABORERS ANNUITY FUND		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES RHODE ISLAND LABORERS ANNUITY FUND		D Employer Identification Number (EIN) 05-0417267

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: S & P FLAGSHIP FUND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS		
c EIN-PN 04-0025081-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52150195
a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI EMPLOYER PROPERTY TRUST		
b Name of sponsor of entity listed in (a): NEW TOWER TRUST COMPANY		
c EIN-PN 52-6218800-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8126543
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan RHODE ISLAND LABORERS ANNUITY FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES RHODE ISLAND LABORERS ANNUITY FUND		
		D Employer Identification Number (EIN) 05-0417267

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	4687730	3711980
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3058293	2599852
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	457207	558222
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3310474	3033749
(2) U.S. Government securities	1c(2)	45474996	53535339
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	27129165	33391477
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	50938304	60276738
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	33980239	39786508
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	26428808	29853491

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	26949	28556
f Total assets (add all amounts in lines 1a through 1e)	1f	195492165	226775912
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	983780	713087
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	983780	713087
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	194508385	226062825

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	22173701	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		22173701
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	38498	
(B) U.S. Government securities	2b(1)(B)	1709428	
(C) Corporate debt instruments	2b(1)(C)	1131637	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2879563
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1358229	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1358229
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	88450091	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	91672074	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-3221983
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	5254045	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		9341628
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4448099
c Other income	2c		3619472
d Total income. Add all income amounts in column (b) and enter total	2d		45852754

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13686344	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		13686344
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	42000	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	23800	
(5) Investment advisory and investment management fees	2i(5)	332473	
(6) Bank or trust company trustee/custodial fees	2i(6)	35239	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	26000	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	152458	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		611970
j Total expenses. Add all expense amounts in column (b) and enter total	2j		14298314

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		31554440
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **WARD FISHER & CO.**

(2) EIN: **05-0234540**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023					
A Name of plan RHODE ISLAND LABORERS ANNUITY FUND				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES RHODE ISLAND LABORERS ANNUITY FUND				D Employer Identification Number (EIN) 05-0417267	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	22173701
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	22173701
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	0
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2023 v. 230707	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14a 14b 14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to: a The corresponding number for the plan year immediately preceding the current plan year b The corresponding number for the second preceding plan year	15a 15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year: a Enter the number of employers who withdrew during the preceding plan year b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16a 16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation. _____	

Part VII	IRS Compliance Questions
-----------------	---------------------------------

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☐ Design-based safe harbor method ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.	

RHODE ISLAND LABORERS' ANNUITY PLAN

Financial Statements and Supplemental Schedule

December 31, 2023 and 2022

RHODE ISLAND LABORERS' ANNUITY PLAN

December 31, 2023 and 2022

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Ward, Fisher & Company, LLP

CERTIFIED PUBLIC ACCOUNTANTS

WARWICK EXECUTIVE PARK
250C CENTERVILLE ROAD
WARWICK, RHODE ISLAND 02886-4353
(401) 384-6464
FAX: (401) 384-6770
www.wardfisher.com

Robert D. Giudici, C.P.A.
James H. Aceto, C.P.A.

Independent Auditor's Report

Board of Trustees
Rhode Island Laborers' Annuity Plan
Cranston, Rhode Island

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of Rhode Island Laborers' Annuity Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Rhode Island Laborers' Annuity Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2023 and 2022, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section –

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

Opinion (continued)

- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Rhode Island Laborers' Annuity Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Rhode Island Laborers' Annuity Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

Auditor's Responsibilities for the Audit of the Financial Statements (continued)

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Rhode Island Laborers' Annuity Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Rhode Island Laborers' Annuity Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets Held for Investment Purposes for the year ended December 31, 2023, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records

Supplemental Schedule Required by ERISA (continued)

used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion –

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Ward Fisher Company, LLP

October 2, 2024

RHODE ISLAND LABORERS' ANNUITY PLAN

Statements of Net Assets Available for Benefits December 31, 2023 and 2022

ASSETS

	2023	2022
<i>Investments, at fair value</i>		
Cash and cash equivalents	\$ 3,033,749	\$ 3,310,474
Government and agency securities	53,535,339	45,474,996
Corporate bonds	33,391,477	27,129,165
Mutual funds	39,786,508	33,980,239
Collective trust funds	60,276,738	50,938,304
Other investments	29,853,491	26,428,808
<i>Total investments</i>	<u>219,877,302</u>	<u>187,261,986</u>
<i>Operating cash</i>	<u>3,711,980</u>	<u>4,687,730</u>
<i>Receivables</i>		
Employers' contributions	2,599,852	3,058,293
Investment income	540,163	451,197
Other receivable	8,942	6,010
Due from Health Fund	9,117	-
<i>Total receivables</i>	<u>3,158,074</u>	<u>3,515,500</u>
<i>Other Assets</i>		
Prepaid expenses	28,556	26,949
<i>Total other assets</i>	<u>28,556</u>	<u>26,949</u>
<i>Total assets</i>	<u>226,775,912</u>	<u>195,492,165</u>
LIABILITIES		
Accounts payable	95,036	94,475
Reciprocity payable	614,154	880,944
Due to Health Fund	562	8,361
Due to Pension Fund	3,335	-
<i>Total liabilities</i>	<u>713,087</u>	<u>983,780</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 226,062,825</u></u>	<u><u>\$ 194,508,385</u></u>

The accompanying notes are an integral part of these financial statements.

RHODE ISLAND LABORERS' ANNUITY PLAN

Statements of Changes in Net Assets Available for Benefits For the Years Ended December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
<i>Additions to Net Assets Attributed to</i>		
Employers' contributions	\$ 22,173,701	\$ 21,537,637
Investment income		
Net appreciation (depreciation) in fair value of investments	19,388,559	(29,340,511)
Interest and dividends	4,237,792	2,812,940
Total investment income (loss)	23,626,351	(26,527,571)
Miscellaneous income	52,702	34,840
Total additions (reductions)	<u>45,852,754</u>	<u>(4,955,094)</u>
<i>Deductions from Net Assets Attributed to</i>		
Benefit payments	13,686,344	11,210,590
Administrative expenses		
Administration fee	42,000	36,000
Audit fee	23,800	21,600
Collection expenses	53,045	54,758
Consulting	63,085	91,209
Insurance	26,783	25,756
Dues	1,381	1,090
Investment custodial fees	35,239	32,573
Investment management fees	332,473	320,555
Legal fees	26,000	20,000
Miscellaneous	3,517	2,023
Printing	4,647	2,687
Total administrative expenses	611,970	608,251
Total deductions	<u>14,298,314</u>	<u>11,818,841</u>
Net increase (decrease)	31,554,440	(16,773,935)
<i>Net Assets Available for Benefits</i>		
Beginning of year	194,508,385	211,282,320
END OF YEAR	<u><u>\$ 226,062,825</u></u>	<u><u>\$ 194,508,385</u></u>

The accompanying notes are an integral part of these financial statements.

RHODE ISLAND LABORERS' ANNUITY PLAN

Notes to Financial Statements
December 31, 2023 and 2022

1. DESCRIPTION OF PLAN

The following description of the Rhode Island Laborers' Annuity Plan (Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan was established in 1985 as a result of collective bargaining agreements between the Rhode Island Chapter, Associated General Contractors of America, Inc., Construction Industries of Rhode Island, and Rhode Island Laborers' District Council, Laborers' International Union of North America to provide benefits upon retirement, total and permanent disability, termination of service, or death. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Contributions

Contributions are made by employers in accordance with the working agreement and are at a fixed rate per hour worked.

Reciprocal Agreement

The Plan participates in a regional agreement where contributions for members of participating funds who work outside their local jurisdiction are reciprocated to their local jurisdiction at the rate in effect at the time.

Participants' Accounts

Each participant's account is credited with the employer's contribution and an allocation of the Plan's earnings.

Vesting

A participant's account is fully vested at all times.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements are prepared on the accrual basis of accounting.

RHODE ISLAND LABORERS' ANNUITY PLAN

Notes to Financial Statements
December 31, 2023 and 2022

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's valuation policies utilize information provided by the investment advisers and custodian. See Note 9 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Payment of Benefits

Benefits are recorded when paid.

Contributions Receivable

Contributions receivable represent employer contributions related to employees' hours worked on or prior to December 31, received up to three months after year end. Prior year contributions received after three months are recorded as revenue when received. No allowance for doubtful accounts is required.

Subsequent Events

The Plan has evaluated subsequent events through October 2, 2024, which is the date the financial statements were available to be issued, for events requiring recording or disclosure in the financial statements for the year ended December 31, 2023.

3. TAX STATUS

The Plan obtained its latest determination letter on September 30, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since the latest determination letter. The Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believe that the Plan is qualified, and the related trust is tax exempt.

RHODE ISLAND LABORERS' ANNUITY PLAN

Notes to Financial Statements
December 31, 2023 and 2022

3. TAX STATUS (continued)

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. At December 31, 2023, management believes no such provisions for uncertain tax positions are necessary.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

4. PLAN TERMINATION

The Board of Trustees has the right under the Plan to amend or terminate the Plan at any time. In the event of Plan termination, the net balance of each participant's account will be paid in a lump sum to the participant or his beneficiary.

5. INVESTMENTS

As of December 31, 2023 and 2022, Citizens Bank, N.A. held substantially all of the Plan's investment assets as custodian. All Plan investments are professionally managed under the direction of the Plan trustees.

During 2023 and 2022, the Plan's investments appreciated (depreciated) in value as follows:

	<u>2023</u>	<u>2022</u>
Government and corporate securities	\$ 2,032,062	\$(12,722,397)
Mutual funds	4,448,099	(5,157,360)
Collective trust funds	9,341,628	(8,447,495)
Other investments	<u>3,566,770</u>	<u>(3,013,259)</u>
	<u>\$ 19,388,559</u>	<u>\$(29,340,511)</u>

6. RELATED-PARTY TRANSACTIONS

As commented in Note 1, the Plan is maintained pursuant to collective bargaining agreements which include other employee benefit plans. The Plan is related to these other benefit plans through common membership, common members on their Board of Trustees, and a common depository bank account to which contributions are deposited and distributed from. Also, certain legal and administrative expenses paid by other plans are allocated to the Annuity Plan and amounted to \$53,045 and \$139,654 for 2023 and 2022, respectively. The amount payable to other funds was \$8,285 and \$35,408 at December 31, 2023 and 2022, respectively. The amount due from other funds was \$9,117 and \$0 for the years ended December 31, 2023 and 2022, respectively.

RHODE ISLAND LABORERS' ANNUITY PLAN

Notes to Financial Statements
December 31, 2023 and 2022

7. INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Citizens Bank has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate.

	<u>2023</u>	<u>2022</u>
Investments, at fair value		
Cash and cash equivalents	\$ 890,769	\$ 3,310,474
Government and agency securities	53,535,339	45,474,996
Corporate bonds	33,391,477	27,129,165
Mutual funds	39,786,508	33,980,239
Collective trust funds	60,276,738	50,938,304
Other investments	<u>29,853,491</u>	<u>26,428,808</u>
Total	<u>\$ 217,734,322</u>	<u>\$ 187,261,986</u>
Accrued income	<u>\$ 540,163</u>	<u>\$ 451,197</u>
Investment Income:		
Interest and dividends	\$ 4,199,294	\$ 2,812,588
Net appreciation (depreciation) in fair value of investments	<u>19,388,559</u>	<u>(29,340,511)</u>
Total investment income (loss)	<u>\$ 23,587,853</u>	<u>\$ (26,527,923)</u>

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

8. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near-term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

RHODE ISLAND LABORERS' ANNUITY PLAN

Notes to Financial Statements
December 31, 2023 and 2022

9. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
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Level 2	Inputs to the valuation methodology include the following: ➤ Quoted prices for similar assets or liabilities in active markets ➤ Quoted prices for identical or similar assets or liabilities in inactive markets ➤ Inputs other than quoted prices that are observable for the assets or liability ➤ Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means
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If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.
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The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value.

RHODE ISLAND LABORERS' ANNUITY PLAN

Notes to Financial Statements
December 31, 2023 and 2022

9. FAIR VALUE MEASUREMENTS (continued)

There have been no changes in the methodologies used at December 31, 2023 and 2022.

Cash sweep account – Excess cash is swept into investments overnight. Investment vehicles include Overnight Repurchase Agreements, Euro Dollar sweeps, and Money Market Mutual Fund sweeps. Balances are completely liquid and available when needed.

Government and agency securities – valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate bonds – valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Collective trust funds – valued at the net asset value (NAV) of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the funds less their liabilities. This practical expedient is not used when it is determined to be probable that the funds will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of a collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that security liquidations will be carried out in an orderly business manner.

Mutual funds – Mutual funds are registered with the Securities and Exchange Commission and are required to publish their daily NAV and to transact at that price. The funds are valued at the daily closing price as reported by the funds.

Limited partnership/investment LLC – The valuation is generally equal to or based upon the reported capital account or NAV. The NAV, or its equivalent, as provided by the investee entity is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the funds less their liabilities. This practical expedient is not used when it is determined to be probable that the funds will sell the investment for an amount different than the reported NAV.

RHODE ISLAND LABORERS' ANNUITY PLAN

Notes to Financial Statements
December 31, 2023 and 2022

9. FAIR VALUE MEASUREMENTS (continued)

Separate account – valued at net unit value. Investments held by the account are valued on the last business day of each month. Mortgage loans are valued externally by a third-party vendor. Loan valuations are reviewed and approved by the members of the Valuation Committee. Real estate investments are also valued externally by the same third-party vendor. Real estate valuations are reviewed and approved by the members of the Valuation Committee. Independent appraisals are conducted generally every three years by a designated member of the Appraisal Institute. Market conditions and specific property conditions may dictate a shorter interval as appropriate.

The following tables present by level, within the fair value hierarchy, the Plan investment assets at fair value, as of December 31, 2023 and 2022. Investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement.

Assets at Fair Value as of December 31, 2023

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash and cash equivalents:				
Cash	\$ 2,142,980	\$ 2,142,980	\$ -	\$ -
Sweep Money Market	<u>890,769</u>	<u>890,769</u>	<u>-</u>	<u>-</u>
Total cash and cash equivalents	<u>3,033,749</u>	<u>3,033,749</u>	<u>-</u>	<u>-</u>
Government and agency securities	<u>53,535,339</u>	<u>-</u>	<u>53,535,339</u>	<u>-</u>
Corporate bonds	<u>33,391,477</u>	<u>-</u>	<u>33,391,477</u>	<u>-</u>
Mutual funds:				
Emerging market mutual fund	8,355,607	8,355,607	-	-
International Equity	23,041,536	23,041,536	-	-
Benchmark-Free Allocation	<u>8,389,365</u>	<u>8,389,365</u>	<u>-</u>	<u>-</u>
Total mutual funds	<u>39,786,508</u>	<u>39,786,508</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	<u>129,747,073</u>	<u>\$42,820,257</u>	<u>\$86,926,816</u>	<u>\$ -</u>
Investments measured at NAV	<u>90,130,229</u>			
Total investments	<u>\$ 219,877,302</u>			

RHODE ISLAND LABORERS' ANNUITY PLAN

Notes to Financial Statements
December 31, 2023 and 2022

9. FAIR VALUE MEASUREMENTS (continued)

Assets at Fair Value as of December 31, 2023 (continued)

	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency, if Eligible</u>	<u>Redemption Notice Period</u>
Collective trust funds:				
S&P 500 Index Fund CTF	\$ 52,150,195	N/A	Daily	2 days
Equity Real Estate Fund	<u>8,126,543</u>	N/A	Quarterly	Up to last business day of quarter
Total collective trust funds	<u>60,276,738</u>			
Other investments:				
a) Emerging markets/investment LLC	10,998,403	N/A	Daily	30 days
b) High-yield limited partnership	10,732,402	N/A	Monthly	30 days
c) Real estate separate account	<u>8,122,686</u>	N/A	Monthly	3 months
Total other investments	<u>29,853,491</u>			
Total investments measured at NAV	<u>\$ 90,130,229</u>			

a) The Fund's objective is to seek long-term capital appreciation by investing primarily in common stocks of emerging market issuers. The Fund's performance benchmark is the Morgan Stanley Capital International Emerging Markets Index (MSCI Emerging Markets Index).

b) The investment objective of the partnership is to seek to outperform the Merrill Lynch High Yield Master II Index by selectively investing in a diversified portfolio of fixed and floating rate notes and bonds offering relatively attractive current market yields after adjusting for pertinent risks (including security structure and creditworthiness).

c) The account's investment strategy aims to capitalize on opportunities in the U.S. commercial real estate market by making loans to borrowers in connection with the acquisition, development, or refinancing related to multi-family (rental and for sale), multi-tenanted, single-tenanted, and owner-occupied properties, including, but not limited to, office, medical office, anchored retail, industrial, and business-oriented hotels with major chains.

Assets at Fair Value as of December 31, 2022

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash and cash equivalents:				
Cash	\$ -	\$ -	\$ -	\$ -
Sweep Money Market	<u>3,310,474</u>	<u>3,310,474</u>	<u>-</u>	<u>-</u>
Total cash and cash equivalents	<u>3,310,474</u>	<u>3,310,474</u>	<u>-</u>	<u>-</u>
Government and agency securities	<u>45,474,996</u>	<u>-</u>	<u>45,474,996</u>	<u>-</u>
Corporate bonds	<u>27,129,165</u>	<u>-</u>	<u>27,129,165</u>	<u>-</u>

RHODE ISLAND LABORERS' ANNUITY PLAN

Notes to Financial Statements
December 31, 2023 and 2022

9. FAIR VALUE MEASUREMENTS (continued)

Assets at Fair Value as of December 31, 2022 (continued)

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual funds:				
Emerging market mutual fund	\$ 7,226,629	\$ 7,226,629	\$ -	\$ -
International Equity	19,355,727	19,355,727	-	-
Benchmark-Free Allocation	<u>7,397,883</u>	<u>7,397,883</u>	-	-
Total mutual funds	<u>33,980,239</u>	<u>33,980,239</u>	-	-
Total assets in the fair value hierarchy	<u>109,894,874</u>	<u>\$37,290,713</u>	<u>\$72,604,161</u>	<u>\$ -</u>
Investments measured at NAV	<u>77,367,112</u>			
Total investments	<u>\$ 187,261,986</u>			
	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency, if Eligible</u>	<u>Redemption Notice Period</u>
Collective trust funds:				
S&P 500 Index Fund CTF	\$ 41,320,242	N/A	Daily	2 days
Equity Real Estate Fund	<u>9,618,062</u>	N/A	Quarterly	Up to last business day of quarter
Total collective trust funds	<u>50,938,304</u>			
Other investments:				
a) Emerging markets/investment LLC	9,029,675	N/A	Daily	30 days
b) High-yield limited partnership	9,586,882	N/A	Monthly	30 days
c) Real estate separate account	<u>7,812,251</u>	N/A	Monthly	3 months
Total other investments	<u>26,428,808</u>			
Total investments measured at NAV	<u>\$ 77,367,112</u>			

a) The Fund's objective is to seek long-term capital appreciation by investing primarily in common stocks of emerging market issuers. The Fund's performance benchmark is the Morgan Stanley Capital International Emerging Markets Index (MSCI Emerging Markets Index).

b) The investment objective of the partnership is to seek to outperform the Merrill Lynch High Yield Master II Index by selectively investing in a diversified portfolio of fixed and floating rate notes and bonds offering relatively attractive current market yields after adjusting for pertinent risks (including security structure and creditworthiness).

c) The account's investment strategy aims to capitalize on opportunities in the U.S. commercial real estate market by making loans to borrowers in connection with the acquisition, development, or refinancing related to multi-family (rental and for sale), multi-tenanted, single-tenanted, and owner-occupied properties, including, but not limited to, office, medical office, anchored retail, industrial, and business-oriented hotels with major chains.

RHODE ISLAND LABORERS' ANNUITY PLAN

Schedule of Assets Held for Investment Purposes December 31, 2023

	Shares/ Par Value	Interest Rate	Maturity Date	Cost	Current Value
<i>Cash and Cash Equivalents</i>					
Citizens Bank	Savings, 4.25%			\$ 2,142,980	\$ 2,142,980
Citizens Bank Sweep Account	Money Market, 5.25%			890,769	890,769
<i>Total cash and cash equivalents</i>				3,033,749	3,033,749
<i>Government and Agency Securities</i>					
California St	480,000	4.600%	4/1/2038	501,821	462,768
Federal Home Loan Bk, 6.000%	675,000	6.000%	11/28/2028	675,000	674,799
FHLMC	600,000	6.000%	6/3/2026	600,000	600,017
FHLMC	1,448,790	3.500%	7/1/2052	1,365,484	1,330,956
FHLMC	1,508,507	4.000%	11/1/2052	1,461,131	1,428,691
FHLMC	1,908,864	4.500%	1/1/2053	1,864,424	1,852,958
FHLMC	607,208	5.500%	1/1/2053	613,185	610,582
FHLMC	1,642,710	5.500%	11/1/2052	1,647,587	1,654,371
FHLMC A26748	1,479	5.000%	9/1/2034	1,459	1,506
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FHLMC A74508	3,174	5.000%	3/1/2038	3,102	3,217
FHLMC C00760	148	6.500%	5/1/2029	143	154
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FHLMC C01388	647	6.000%	8/1/2032	649	671
FHLMC C03490	16,000	4.500%	8/1/2040	16,808	16,020
FHLMC C28133	377	7.000%	6/1/2029	370	390
FHLMC C41019	47	8.000%	8/1/2030	47	47
FHLMC C71766	300	6.000%	10/1/2032	309	312
FHLMC C73838	784	6.000%	12/1/2032	802	810
FHLMC C79809	2,998	5.000%	6/1/2033	2,984	3,054
FHLMC G00726	104	8.000%	6/1/2027	105	106
FHLMC G01823	3,117	6.000%	5/1/2035	3,185	3,260
FHLMC G01987	11,556	6.000%	12/1/2035	11,580	12,097
FHLMC G04715	8,889	6.000%	6/1/2038	9,820	9,303
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FHLMC G08667	133,799	3.500%	9/1/2045	137,877	125,196
FHLMC G08687	247,362	3.500%	1/1/2046	252,725	231,458
FHLMC G08694	136,553	4.000%	2/1/2046	146,091	130,564
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FHLMC G13596	512	4.000%	7/1/2024	537	510
FHLMC G18561	126,246	3.000%	7/1/2030	131,059	121,564
FHLMC G67702	403,935	4.000%	1/1/2047	408,606	390,599

RHODE ISLAND LABORERS' ANNUITY PLAN

Schedule of Assets Held for Investment Purposes December 31, 2023

	Shares/ Par Value	Interest Rate	Maturity Date	Cost	Current Value
<i>Government and Agency</i>					
<i>Securities (continued)</i>					
FHLMC POOL#G08747	220,926	3.000%	2/1/2047	\$ 219,094	\$ 200,761
FHLMC REMIC SERIES	529,895	4.000%	7/25/2033	529,895	506,342
FHLMC SUPER 15 YR	910,759	4.500%	9/1/2037	924,990	906,944
FHLMC SUPER 30 YR Fixed	976,673	3.000%	8/1/2050	1,002,464	881,463
FNMA	255,000	6.625%	11/15/2030	271,723	293,933
FNMA	900,000	5.500%	12/1/2038	912,375	912,891
FNMA	730,153	2.000%	3/1/2052	617,322	596,992
FNMA	591,367	4.500%	7/1/2052	579,355	574,047
FNMA	1,928,464	4.500%	7/1/2052	1,883,567	1,871,983
FNMA 254903	2,793	5.000%	10/1/2033	2,733	2,841
FNMA 255190	3,265	5.500%	5/1/2034	3,304	3,365
FNMA 313835	182	7.500%	11/1/2027	186	184
FNMA 323702	374	6.000%	5/1/2029	360	387
FNMA 323835	691	6.500%	5/1/2029	660	709
FNMA 545759	1,476	6.500%	7/1/2032	1,321	1,545
FNMA 735925	3,408	5.000%	10/1/2035	3,703	3,466
FNMA 739436	4,868	5.500%	10/1/2033	4,824	5,017
FNMA 745275	11,161	5.000%	2/1/2036	12,127	11,353
FNMA 807167	4,048	5.000%	1/1/2035	3,997	4,117
FNMA 812309	14,192	6.000%	2/1/2035	14,482	14,792
FNMA 865187	3,337	5.500%	2/1/2036	3,307	3,439
FNMA 888219	12,714	5.500%	3/1/2037	13,852	13,104
FNMA 888637	12,049	6.000%	9/1/2037	13,313	12,596
FNMA 893767	3,723	6.000%	10/1/2036	3,769	3,891
FNMA 903677	3,197	6.500%	10/1/2036	3,247	3,383
FNMA 937771	1,347	5.500%	3/1/2037	1,309	1,389
FNMA AE0395	27,834	4.500%	10/1/2040	29,287	27,829
FNMA AL0160	25,568	4.500%	5/1/2041	27,006	25,516
FNMA AL4911	10,535	3.000%	10/1/2027	10,844	10,242
FNMA AL7767	47,808	4.500%	6/1/2044	50,497	46,856
FNMA BC1158	49,905	3.500%	2/1/2046	49,881	46,633
FNMA BM1909	155,912	4.000%	2/1/2045	157,423	151,032
FNMA POOL #0725946	5,204	5.500%	11/1/2034	5,226	5,363
FNMA POOL #663182	1,207	6.000%	9/1/2032	1,229	1,245
FNMA POOL #684569	2,396	5.500%	4/1/2033	2,440	2,460
FNMA POOL #721540	2,810	5.000%	7/1/2033	2,862	2,858
FNMA POOL #7253773	4,469	5.500%	9/1/2034	4,659	4,606
FNMA POOL #725690	48,591	6.000%	8/1/2034	55,925	50,711
FNMA POOL #733010	2,405	5.000%	8/1/2033	2,457	2,421

RHODE ISLAND LABORERS' ANNUITY PLAN

Schedule of Assets Held for Investment Purposes December 31, 2023

	Shares/ Par Value	Interest Rate	Maturity Date	Cost	Current Value
<i>Government and Agency Securities (continued)</i>					
FNMA POOL #735676	7,167	5.000%	7/1/2035	\$ 7,801	\$ 7,291
FNMA POOL #899946	2,636	6.000%	12/1/2037	2,685	2,753
FNMA POOL #AE0949	101,953	4.000%	2/1/2041	108,739	99,510
FNMA POOL #AS6696	97,414	3.500%	8/1/2045	98,934	91,028
FNMA SUPER LNG 30 YR	857,535	4.000%	5/1/2050	806,485	820,833
FNMA SUPER LNG 30 YR	853,470	2.500%	8/1/2052	655,172	726,868
FNMA SUPER LNG 30 YR	1,375,569	4.000%	11/1/2052	1,252,091	1,302,732
FNMA SUPER LNG 30 YR	809,245	5.000%	10/1/2052	787,370	802,516
FNMA UMBS 15 YEARS (MA4807F)	770,579	5.500%	10/1/2052	766,606	776,524
FNMA UMBS LNG 30 YEAR	1,416,196	2.000%	2/1/2051	1,175,222	1,158,617
G2 MA9018	3,258,909	6.000%	7/20/2053	3,254,234	3,314,555
GNMA	1,402,643	5.000%	10/20/2052	1,405,711	1,395,831
GNMA 005083	17,217	5.000%	6/20/2041	19,084	17,555
GNMA 530053	463	6.500%	4/15/2031	470	477
GNMA 596763	686	6.000%	12/15/2032	705	704
GNMA 599922	806	6.000%	4/15/2033	841	827
GNMA 604045	5,134	6.000%	2/15/2033	5,292	5,300
GNMA PASS THRU	2,108,225	5.000%	1/20/2053	2,113,570	2,096,757
GNMA POOL #563645	1,794	6.000%	9/15/2032	1,879	1,861
GNMA POOL #602232	4,961	6.000%	4/15/2033	5,144	5,146
GNMA POOL #78175	6,996	5.500%	5/15/2034	6,907	7,077
POOL #AL9578	39,590	4.000%	6/1/2045	40,790	38,559
Quebec Prov Canada	980,000	2.750%	4/12/2027	927,256	936,265
United States Treas	85,000	0.375%	1/31/2026	83,459	78,549
US TREAS BILLS	800,000	0.000%	3/14/2024	778,575	791,698
US Treas Bond	3,040,000	3.000%	5/15/2042	2,701,919	2,581,506
US Treas Bond	2,570,000	2.000%	8/15/2051	2,540,746	1,687,165
US Treas Bond	450,000	4.000%	11/15/2052	454,641	446,080
US Treas Bond	4,175,000	3.625%	2/15/2053	4,085,973	3,873,943
US Treas Note	3,750,000	2.375%	5/15/2029	3,346,143	3,479,883
US Treas Note	4,500,000	2.000%	2/15/2025	4,307,871	4,367,988
US Treas Note	3,500,000	0.625%	10/15/2024	3,492,617	3,385,156
US Treas Note	1,075,000	3.375%	5/15/2033	1,036,635	1,033,848
US Treas Tips	927,162	0.500%	4/15/2024	913,127	915,464
Utah St Go	25,000	4.554%	7/1/2024	26,153	24,926
<i>Total government and agency securities</i>				<u>54,909,390</u>	<u>53,535,339</u>

RHODE ISLAND LABORERS' ANNUITY PLAN

Schedule of Assets Held for Investment Purposes December 31, 2023

	Shares/ Par Value	Interest Rate	Maturity Date	Cost	Current Value
Corporate Bonds					
Amazon Com	950,000	2.500%	6/3/2050	\$ 770,146	\$ 633,973
American Express	440,000	3.950%	8/1/2025	433,180	432,946
Tat Inc Sr Nt	1,005,000	5.400%	2/15/2034	1,001,694	1,038,563
Autonation Inc Fla Sr	860,000	3.850%	3/1/2032	859,715	765,324
Bank 2018-Bnk12	280,000	FRN%	5/17/2061	288,400	261,575
Bank Amer Corp	1,200,000	3.419%	12/20/2028	1,276,043	1,129,857
Baxter Intl	850,000	1.915%	2/1/2027	852,338	778,940
Bk Of America Corp	455,000	1.922%	10/24/2031	451,740	369,975
Blackstone	1,095,000	2.625%	12/15/2026	1,092,885	991,761
Bristol-Myers Squibb	1,005,000	2.550%	11/13/2050	998,843	640,037
Cantor Fitzgerald	200,000	7.200%	12/12/2028	199,612	205,271
CarMax Auto Owner Tr	932,722	3.490%	2/16/2027	912,319	918,900
CF Inds Inc Sr	150,000	4.950%	6/1/2043	128,454	137,558
Charter Comm	500,000	5.375%	4/1/2038	400,300	453,060
Citigroup 4.650%	260,000	4.650%	7/30/2045	283,968	237,206
Citigroup Inc	250,000	3.980%	3/20/2030	252,706	237,324
Citigroup Inc	385,000	3.785%	3/17/2033	385,000	346,861
Comm Mtg Tr	315,000	FRN%	10/13/2048	290,292	298,607
Dow Chem	535,000	4.250%	10/1/2034	547,231	513,093
Exelon Generation Co	655,000	6.250%	10/1/2039	722,299	701,924
General Mtrs Finl	800,000	2.700%	8/20/2027	826,454	738,251
Glencore Fdg LLC	600,000	3.375%	9/23/2051	382,782	423,888
Goldman Sachs Group	525,000	FRN%	2/24/2028	491,253	486,828
Goldman Sachs Grp	650,000	2.600%	2/7/2030	694,917	571,724
Hyundai Auto Recv Tr	850,000	0.600%	2/16/2027	780,307	804,008
Jones Lang La Salle Inc	175,000	6.875%	12/1/2028	173,663	184,945
JP Morgan Chase	575,000	2.069%	6/1/2029	577,851	510,307
JP Morgan Mtg	584,553	3.000%	10/25/2052	575,252	546,805
JPM	1,020,000	4.005%	4/23/2029	1,178,007	982,280
JPMDDB Comm Mtg	90,000	3.1439%	6/15/2049	92,699	84,175
Kyndryl Hldgs Inc	1,240,000	3.150%	10/15/2031	1,222,146	1,038,201
Lehmn Brs Hldg	250,000	n/a	12/31/2099	193,607	250
McCormick & Co Inc	400,000	4.950%	4/15/2033	400,324	402,288
Morgan Stanley	820,000	2.943%	1/21/2033	820,144	699,187
Morgan Stanley Frn%	1,340,000	FRN%	5/15/2054	1,380,123	1,149,850
Ms Bofa MI	140,000	3.325%	5/15/2049	144,193	133,035
Ms Bofa MI Trust	850,000	3.720%	12/15/2049	925,318	807,506
National Oilwell Var	655,000	3.950%	12/1/2042	585,552	507,034
National Rural Utils	840,000	4.150%	12/15/2032	840,960	798,561
Newmont Mining Corp	445,000	4.875%	3/15/2042	465,582	433,319

RHODE ISLAND LABORERS' ANNUITY PLAN

Schedule of Assets Held for Investment Purposes December 31, 2023

	Shares/ Par Value	Interest Rate	Maturity Date	Cost	Current Value
Corporate Bonds (continued)					
Polaris Inc Sr	300,000	6.950%	3/15/2029	\$ 297,054	\$ 318,837
Public Storage Sr	1,180,000	2.250%	11/9/2031	1,182,924	1,010,928
Schwab Charles Corp	725,000	5.643%	5/19/2029	725,000	744,302
Simon Ppty Gr	800,000	2.200%	2/1/2031	802,082	672,013
Southern Calif Ediso	130,000	4.200%	3/1/2029	130,795	127,574
State Street Corp	600,000	5.159%	5/18/2034	600,000	605,619
Tapestry Inc Cr Sen Sr	175,000	7.850%	11/27/2033	174,081	187,151
T-Mobile USA Inc	800,000	3.375%	4/15/2029	730,808	743,260
Towd Point Mtg	156,782	3.250%	3/25/2058	155,866	151,887
Toyota At Rec	473,432	1.230%	6/15/2026	449,613	460,656
United Airlines Pt	145,833	3.500%	3/1/2030	139,240	132,937
United Airlines Pt	315,049	3.100%	1/7/2030	295,768	287,380
Viatis Inc Sgn	200,000	4.000%	6/22/2050	125,000	141,232
Visa Inc	1,100,000	2.000%	8/16/2120	838,244	682,455
Vmware Inc	1,515,000	3.900%	8/21/2027	1,639,719	1,467,177
Vulcan Matls Co	780,000	5.800%	3/1/2026	779,750	780,831
Wells Fargo Bank	400,000	FRN%	8/7/2026	400,000	402,392
Wells Fargo Co	725,000	5.389%	4/24/2034	725,000	729,430
Wells Fargo Co	555,000	5.574%	7/25/2029	555,000	567,263
Wisconsin	825,000	3.950%	9/1/2032	819,684	782,956
Total corporate bonds				<u>36,463,927</u>	<u>33,391,477</u>
Mutual Funds					
GMO Benchmark Free Allocation Fund III				7,835,711	8,389,365
MFS Int'l Equity Fund				15,142,909	23,041,536
RBC Bluebay Emerging Market Sel I				8,548,527	8,355,607
Total mutual funds				<u>31,527,147</u>	<u>39,786,508</u>
Collective Trust Funds					
SSGA S&P 500 Flagship Fund				15,777,763	52,150,195
Multi Employer Property Trust				6,001,970	8,126,543
Total collective trust funds				<u>21,779,733</u>	<u>60,276,738</u>
Other Investments					
Acadian Emerging Markets Equity II Fund LLC				7,150,275	10,998,403
MacKay Shields High Yield Active Core Fund LP				8,000,000	10,732,402
Ullico Separate Account J				6,760,171	8,122,686
Total other investments				<u>21,910,446</u>	<u>29,853,491</u>
TOTAL INVESTMENTS				<u>\$ 169,624,392</u>	<u>\$ 219,877,302</u>

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2023****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
- ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ☒
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
- ☐ special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐

Part II Basic Plan Information—enter all requested information**1a** Name of plan
RHODE ISLAND LABORERS ANNUITY FUND**1b** Three-digit plan number (PN) ▶ 001**1c** Effective date of plan
06/03/1985**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BOARD OF TRUSTEES RHODE ISLAND
LABORERS ANNUITY FUND**2b** Employer Identification Number (EIN)
05-0417267**2c** Plan Sponsor's telephone number
(401) 942-8690

200 MIDWAY ROAD

CRANSTON

RI 02920

2d Business code (see instructions)
238900**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		10/2/84	MICHAEL SABITONI, TRUSTEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2023)
v. 230728

RHODE ISLAND LABORERS' ANNUITY PLAN

Schedule of Assets Held for Investment Purposes December 31, 2023

	Shares/ Par Value	Interest Rate	Maturity Date	Cost	Current Value
<i>Cash and Cash Equivalents</i>					
Citizens Bank	Savings, 4.25%			\$ 2,142,980	\$ 2,142,980
Citizens Bank Sweep Account	Money Market, 5.25%			890,769	890,769
<i>Total cash and cash equivalents</i>				<u>3,033,749</u>	<u>3,033,749</u>
<i>Government and Agency Securities</i>					
California St	480,000	4.600%	4/1/2038	501,821	462,768
Federal Home Loan Bk, 6.000%	675,000	6.000%	11/28/2028	675,000	674,799
FHLMC	600,000	6.000%	6/3/2026	600,000	600,017
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FHLMC G67702	403,935	4.000%	1/1/2047	408,606	390,599

RHODE ISLAND LABORERS' ANNUITY PLAN

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	Shares/ Par Value	Interest Rate	Maturity Date	Cost	Current Value
<i>Government and Agency Securities (continued)</i>					
FHLMC POOL#G08747	220,926	3.000%	2/1/2047	\$ 219,094	\$ 200,761
FHLMC REMIC SERIES	529,895	4.000%	7/25/2033	529,895	506,342
FHLMC SUPER 15 YR	910,759	4.500%	9/1/2037	924,990	906,944
FHLMC SUPER 30 YR Fixed	976,673	3.000%	8/1/2050	1,002,464	881,463
FNMA	255,000	6.625%	11/15/2030	271,723	293,933
FNMA	900,000	5.500%	12/1/2038	912,375	912,891
FNMA	730,153	2.000%	3/1/2052	617,322	596,992
FNMA	591,367	4.500%	7/1/2052	579,355	574,047
FNMA	1,928,464	4.500%	7/1/2052	1,883,567	1,871,983
FNMA 254903	2,793	5.000%	10/1/2033	2,733	2,841
FNMA 255190	3,265	5.500%	5/1/2034	3,304	3,365
FNMA 313835	182	7.500%	11/1/2027	186	184
FNMA 323702	374	6.000%	5/1/2029	360	387
FNMA 323835	691	6.500%	5/1/2029	660	709
FNMA 545759	1,476	6.500%	7/1/2032	1,321	1,545
FNMA 735925	3,408	5.000%	10/1/2035	3,703	3,466
FNMA 739436	4,868	5.500%	10/1/2033	4,824	5,017
FNMA 745275	11,161	5.000%	2/1/2036	12,127	11,353
FNMA 807167	4,048	5.000%	1/1/2035	3,997	4,117
FNMA 812309	14,192	6.000%	2/1/2035	14,482	14,792
FNMA 865187	3,337	5.500%	2/1/2036	3,307	3,439
FNMA 888219	12,714	5.500%	3/1/2037	13,852	13,104
FNMA 888637	12,049	6.000%	9/1/2037	13,313	12,596
FNMA 893767	3,723	6.000%	10/1/2036	3,769	3,891
FNMA 903677	3,197	6.500%	10/1/2036	3,247	3,383
FNMA 937771	1,347	5.500%	3/1/2037	1,309	1,389
FNMA AE0395	27,834	4.500%	10/1/2040	29,287	27,829
FNMA AL0160	25,568	4.500%	5/1/2041	27,006	25,516
FNMA AL4911	10,535	3.000%	10/1/2027	10,844	10,242
FNMA AL7767	47,808	4.500%	6/1/2044	50,497	46,856
FNMA BC1158	49,905	3.500%	2/1/2046	49,881	46,633
FNMA BM1909	155,912	4.000%	2/1/2045	157,423	151,032
FNMA POOL #0725946	5,204	5.500%	11/1/2034	5,226	5,363
FNMA POOL #663182	1,207	6.000%	9/1/2032	1,229	1,245
FNMA POOL #684569	2,396	5.500%	4/1/2033	2,440	2,460
FNMA POOL #721540	2,810	5.000%	7/1/2033	2,862	2,858
FNMA POOL #7253773	4,469	5.500%	9/1/2034	4,659	4,606
FNMA POOL #725690	48,591	6.000%	8/1/2034	55,925	50,711
FNMA POOL #733010	2,405	5.000%	8/1/2033	2,457	2,421

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Government and Agency Securities (continued)					
FNMA POOL #735676	7,167	5.000%	7/1/2035	\$ 7,801	\$ 7,291
FNMA POOL #899946	2,636	6.000%	12/1/2037	2,685	2,753
FNMA POOL #AE0949	101,953	4.000%	2/1/2041	108,739	99,510
FNMA POOL #AS5696	97,414	3.500%	8/1/2045	98,934	91,028
FNMA SUPER LNG 30 YR	857,535	4.000%	5/1/2050	806,485	820,833
FNMA SUPER LNG 30 YR	853,470	2.500%	8/1/2052	655,172	726,868
FNMA SUPER LNG 30 YR	1,375,569	4.000%	11/1/2052	1,252,091	1,302,732
FNMA SUPER LNG 30 YR	809,245	5.000%	10/1/2052	787,370	802,516
FNMA UMBS 15 YEARS (MA4807F)	770,579	5.500%	10/1/2052	766,606	776,524
FNMA UMBS LNG 30 YEAR	1,416,196	2.000%	2/1/2051	1,175,222	1,158,617
G2 MA9018	3,258,909	6.000%	7/20/2053	3,254,234	3,314,555
GNMA	1,402,643	5.000%	10/20/2052	1,405,711	1,395,831
GNMA 005083	17,217	5.000%	6/20/2041	19,084	17,555
GNMA 530053	463	6.500%	4/15/2031	470	477
GNMA 596763	686	6.000%	12/15/2032	705	704
GNMA 599922	806	6.000%	4/15/2033	841	827
GNMA 604045	5,134	6.000%	2/15/2033	5,292	5,300
GNMA PASS THRU	2,108,225	5.000%	1/20/2053	2,113,570	2,096,757
GNMA POOL #563645	1,794	6.000%	9/15/2032	1,879	1,861
GNMA POOL #602232	4,961	6.000%	4/15/2033	5,144	5,146
GNMA POOL #78175	6,996	5.500%	5/15/2034	6,907	7,077
POOL #AL9578	39,590	4.000%	6/1/2045	40,790	38,559
Quebec Prov Canada	980,000	2.750%	4/12/2027	927,256	936,265
United States Treas	85,000	0.375%	1/31/2026	83,459	78,549
US TREAS BILLS	800,000	0.000%	3/14/2024	778,575	791,698
US Treas Bond	3,040,000	3.000%	5/15/2042	2,701,919	2,581,506
US Treas Bond	2,570,000	2.000%	8/15/2051	2,540,746	1,687,165
US Treas Bond	450,000	4.000%	11/15/2052	454,641	446,080
US Treas Bond	4,175,000	3.625%	2/15/2053	4,085,973	3,873,943
US Treas Note	3,750,000	2.375%	5/15/2029	3,346,143	3,479,883
US Treas Note	4,500,000	2.000%	2/15/2025	4,307,871	4,367,988
US Treas Note	3,500,000	0.625%	10/15/2024	3,492,617	3,385,156
US Treas Note	1,075,000	3.375%	5/15/2033	1,036,635	1,033,848
US Treas Tips	927,162	0.500%	4/15/2024	913,127	915,464
Utah St Go	25,000	4.554%	7/1/2024	26,153	24,926
Total government and agency securities				54,909,390	53,535,339

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	Shares/ Par Value	Interest Rate	Maturity Date	Cost	Current Value
<i>Corporate Bonds</i>					
Amazon Com	950,000	2.500%	6/3/2050	\$ 770,146	\$ 633,973
American Express	440,000	3.950%	8/1/2025	433,180	432,946
Tat Inc Sr Nt	1,005,000	5.400%	2/15/2034	1,001,694	1,038,563
Autonation Inc Fla Sr	860,000	3.850%	3/1/2032	859,715	765,324
Bank 2018-Bnk12	280,000	FRN%	5/17/2061	288,400	261,575
Bank Amer Corp	1,200,000	3.419%	12/20/2028	1,276,043	1,129,857
Baxter Intl	850,000	1.915%	2/1/2027	852,338	778,940
Bk Of America Corp	455,000	1.922%	10/24/2031	451,740	369,975
Blackstone	1,095,000	2.625%	12/15/2026	1,092,885	991,761
Bristol-Myers Squibb	1,005,000	2.550%	11/13/2050	998,843	640,037
Cantor Fitzgerald	200,000	7.200%	12/12/2028	199,612	205,271
CarMax Auto Owner Tr	932,722	3.490%	2/16/2027	912,319	918,900
CF Inds Inc Sr	150,000	4.950%	6/1/2043	128,454	137,558
Charter Comm	500,000	5.375%	4/1/2038	400,300	453,060
Citigroup 4.650%	260,000	4.650%	7/30/2045	283,968	237,206
Citigroup Inc	250,000	3.980%	3/20/2030	252,706	237,324
Citigroup Inc	385,000	3.785%	3/17/2033	385,000	346,861
Comm Mtg Tr	315,000	FRN%	10/13/2048	290,292	298,607
Dow Chem	535,000	4.250%	10/1/2034	547,231	513,093
Exelon Generation Co	655,000	6.250%	10/1/2039	722,299	701,924
General Mtrs Finl	800,000	2.700%	8/20/2027	826,454	738,251
Glencore Fdg LLC	600,000	3.375%	9/23/2051	382,782	423,888
Goldman Sachs Group	525,000	FRN%	2/24/2028	491,253	486,828
Goldman Sachs Grp	650,000	2.600%	2/7/2030	694,917	571,724
Hyundai Auto Recv Tr	850,000	0.600%	2/16/2027	780,307	804,008
Jones Lang La Salle Inc	175,000	6.875%	12/1/2028	173,663	184,945
JP Morgan Chase	575,000	2.069%	6/1/2029	577,851	510,307
JP Morgan Mtg	584,553	3.000%	10/25/2052	575,252	546,805
JPM	1,020,000	4.005%	4/23/2029	1,178,007	982,280
JPMDB Comm Mtg	90,000	3.1439%	6/15/2049	92,699	84,175
Kyndryl Hldgs Inc	1,240,000	3.150%	10/15/2031	1,222,146	1,038,201
Lehmn Brs Hldg	250,000	n/a	12/31/2099	193,607	250
McCormick & Co Inc	400,000	4.950%	4/15/2033	400,324	402,288
Morgan Stanley	820,000	2.943%	1/21/2033	820,144	699,187
Morgan Stanley Fm%	1,340,000	FRN%	5/15/2054	1,380,123	1,149,850
Ms Bofa MI	140,000	3.325%	5/15/2049	144,193	133,035
Ms Bofa MI Trust	850,000	3.720%	12/15/2049	925,318	807,506
National Oilwell Var	655,000	3.950%	12/1/2042	585,552	507,034
National Rural Utils	840,000	4.150%	12/15/2032	840,960	798,561
Newmont Mining Corp	445,000	4.875%	3/15/2042	465,582	433,319

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Corporate Bonds (continued)					
Polaris Inc Sr	300,000	6.950%	3/15/2029	\$ 297,054	\$ 318,837
Public Storage Sr	1,180,000	2.250%	11/9/2031	1,182,924	1,010,928
Schwab Charles Corp	725,000	5.643%	5/19/2029	725,000	744,302
Simon Ppty Gr	800,000	2.200%	2/1/2031	802,082	672,013
Southern Calif Ediso	130,000	4.200%	3/1/2029	130,795	127,574
State Street Corp	600,000	5.159%	5/18/2034	600,000	605,619
Tapestry Inc Cr Sen Sr	175,000	7.850%	11/27/2033	174,081	187,151
T-Mobile USA Inc	800,000	3.375%	4/15/2029	730,808	743,260
Towd Point Mtg	156,782	3.250%	3/25/2058	155,866	151,887
Toyota At Rec	473,432	1.230%	6/15/2026	449,613	460,656
United Airlines Pt	145,833	3.500%	3/1/2030	139,240	132,937
United Airlines Pt	315,049	3.100%	1/7/2030	295,768	287,380
Viatis Inc Sgn	200,000	4.000%	6/22/2050	125,000	141,232
Visa Inc	1,100,000	2.000%	8/16/2120	838,244	682,455
Vmware Inc	1,515,000	3.900%	8/21/2027	1,639,719	1,467,177
Vulcan Matls Co	780,000	5.800%	3/1/2026	779,750	780,831
Wells Fargo Bank	400,000	FRN%	8/7/2026	400,000	402,392
Wells Fargo Co	725,000	5.389%	4/24/2034	725,000	729,430
Wells Fargo Co	555,000	5.574%	7/25/2029	555,000	567,263
Wisconsin	825,000	3.950%	9/1/2032	819,684	782,956
Total corporate bonds				<u>36,463,927</u>	<u>33,391,477</u>
Mutual Funds					
GMO Benchmark Free Allocation Fund III				7,835,711	8,389,365
MFS Int'l Equity Fund				15,142,909	23,041,536
RBC Bluebay Emerging Market Sel I				8,548,527	8,355,607
Total mutual funds				<u>31,527,147</u>	<u>39,786,508</u>
Collective Trust Funds					
SSGA S&P 500 Flagship Fund				15,777,763	52,150,195
Multi Employer Property Trust				6,001,970	8,126,543
Total collective trust funds				<u>21,779,733</u>	<u>60,276,738</u>
Other Investments					
Acadian Emerging Markets Equity II Fund LLC				7,150,275	10,998,403
MacKay Shields High Yield Active Core Fund LP				8,000,000	10,732,402
Ullico Separate Account J				6,760,171	8,122,686
Total other investments				<u>21,910,446</u>	<u>29,853,491</u>
TOTAL INVESTMENTS				<u>\$169,624,392</u>	<u>\$219,877,302</u>