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State of Rhode Island and Providence Plantations
Office of the Secretary of State

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A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
43031	National Education Association Tiverton (NEA-Tiverton)			
3. Street Address Principal Business Office		City	State	Zip
100 N. Brayton Rd		Tiverton	RI	02878
4. Business Phone No.	5. State of Incorporation			
401-624-8494	R.I.			

6. Brief Description of the Character of Business Conducted in Rhode Island
Professional Organization representing Teachers in Bargaining Unit in Tiverton

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
Amy Mullen	Kristen Destremps
Street Address: 38 Harborview Rd	Street Address: 121 Penny Pond Rd
City: Portsmouth State: RI Zip: 02871	City: Tiverton State: RI Zip: 02878
Secretary Name	**Treasurer Name**
Eileen Reposa	Lisa Borges
Street Address: 126 Emmanuel Dr.	Street Address: 64 Ashment St.
City: Portsmouth State: RI Zip: 02871	City: Swansea State: MA Zip: 02777

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
None	
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ — **10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐**

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
100	NO PAR VALUE		NONE	NONE	NONE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted] [redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Lisa Borges 2/24/08
Signature *Date*

Lisa Borges
Print or Type Name

Treasurer.
Title

[redacted]

File Date FILED
Check No. MAR 31 2008
By 3495
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Form 630 Rev. 12/06