

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street

Providence, RI 02904-2615 401 222 3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-6-94, each corporation falling or refusing to file its annual report within the time prescribed by law CP 16 17 20 1

to a penalty fee of \$25.00.	ne us unione report where the in	ne prescribed by and (K.	.G.L.)-0-91) is subject	
1. Corporate ID No. 2. Name of Corporation Glocester Teachers' Association				
3. State of Incorporation 4. Comporate address in Rhode Island Street Address Rhode Tsland III Reyholds Road		Chepachet	02814	
5. Foreign corporation. Enter principal office addres	City	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Isl				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) THIL IN SPACES President Name LISA Sargent Vige President Name Name None N		FORE USING ATTACH	MENTS	
58 Highland Terrace	155 Douglas	Hook Rd		
No. Scetuate State RI 202857	Chepachet	State RL	02814	
Priscilla Bailey	Treasurer light hy Winsor			
1437 Chopmist Hill Rd	sirea sidress Bouglas	Hook Rd		
No. Scituate State RI 1210 02857	"Chepachet	State KI	zip 02814	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS				
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) of Director Name Bottella	ORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 Director Name EVIN Mac Phee			
stront Address: 40 Walter Carey Rd	Street Address Winsor	Rd		
Smithfield State RI 250 02917	Foster	State RI	²⁴⁹ 02825	
Pauline Bellamy	Director Name			
Street Address New River Rd	Street Address			
Hanville state RI 24 02838	City	State	Zip	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Change Agent Name Hy WINSOF	changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
111 Reynolds Road	"Chepachet		814	
This report must be signed by either the President, Vice President. Secretary, Assistant Secretary, Treasurer, Receiver or Trustee				

File Date	FILED
Check No.	JUN 0 4 2008
<i>By:</i> Bv	279
FO	R SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I ha report, including any accompanying schedules and states	
statements contained hereinare true and correct.	5.30.08
signature of Office T. Winsor	Date
Print or Type Alme of Officer VeuSuver	
Title of Officer	