STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
118539	Providence Teachers Union Retirees Chapter #958R
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	Strive to maintain the integrity of chapter members' full entitlements.

5. Principal office address	City	State	Zip
99 Corliss Street	Providence	RI	02904

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Anthony Mancini, Jr.	64 Waite Street	Providence	RI	02908

Vice-President Name	Street Address	City	State	Zip
Raymond W. Penza	65 Lyndhurst Avenue	Providence	RI	02908

Secretary Name	Street Address	City	State	Zip
Robin Alcott	98 Brook Street	Rehoboth	MA	02769

Treasurer Name	Street Address	City	State	Zip
Donald Schmidt	15 Pavilion Avenue	Rumford	RI	02915

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Joseph A. Jannetta	7 Maria Street	Lincoln	RI	02865

Director Name	Street Address	City	State	Zip
Joseph A. Grande	25 Clayton Road	Warwick	RI	02886

Director Name	Street Address	City	State	Zip
Donald H. Schmidt	15 Pavilion Avenue	Rumford	RI	02915

Director Name	Street Address	City	State	Zip

8. REGISTERED AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JUN 07 2012
BY 927

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.

Anthony Mancini, Jr. 6-7-12
Signature of Officer — Date

Anthony Mancini, Jr.
Print or Type Name of Officer

President
Title of Officer

Form No. 631
Revised: 05/2012