



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

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

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

*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 failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

1. Corporate ID No. 506431	2. Name of Corporation Burrillville Teachers' Association		
3. State of incorporation Rhode Island	4. Corporate address in Rhode Island - Street Address 425 East Avenue		City Harrisville
5. Foreign corporation. Enter principal office address		City	State Zip 02830
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island We are a branch of NEA Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Nicholas Servidio		Vice President Name Steve Pickering	
Street Address 187 Concord Street		Street Address 2 Cathedral Court	
City Holliston	State MA	Zip 01746	City Cumberland
Secretary Name Nancy Inzer		Treasurer Name Linda Belanger	
Street Address 41 Mill Pond Road		Street Address 45 Tanglewood Drive	
City Harrisville	State RI	Zip 02830	City Cumberland
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name Nicholas Servidio		Director Name Steve Pickering	
Street Address 187 Concord Street		Street Address 2 Cathedral Court	
City Holliston	State MA	Zip 01746	City Cumberland
Director Name Nancy Inzer		Director Name	
Street Address 41 Mill Pond Road		Street Address	
City Harrisville	State RI	Zip 02830	City
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name		Address	
Address		City	State Zip

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

FILED

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JUN 21 2012

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.

Signature of Officer

6/19/12

Print or Type Name of Officer

NICHOLAS SERVIDIO

Title of Officer

PRESIDENT

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