



**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. <b>29966</b>		2. Exact name of the Corporation <b>Teachers Association of Newport</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>support union membership and scholarships</b>			
5. Principal office address <b>15 Wickham Rd</b>		City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02940</b>	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>David Koutsogiane</b>			Vice-President Name <b>William Kimes</b>		
Street Address <b>100 Secluded Drive</b>			Street Address <b>28 Atlantic Street</b>		
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
Secretary Name <b>Ryan Collins</b>			Treasurer Name <b>Sharon McDonnell</b>		
Street Address <b>114 B Niagra Street</b>			Street Address <b>154 Rhode Island Avenue</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <b>David Koutsogiane</b>			Director Name <b>William Kimes</b>		
Street Address <b>100 Secluded Drive</b>			Street Address <b>28 Atlantic Street</b>		
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02880</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
Director Name <b>Ryan Collins</b>			Director Name <b>Sharon McDonnell</b>		
Street Address <b>114B Niagra Street</b>			Street Address <b>154 Rhode Island Avenue</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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 \_\_\_\_\_ **FILED**  
 Check No \_\_\_\_\_ **NOV 27 2012**  
 By: \_\_\_\_\_ **BY a 184184**  
 FOR SECRETARY OF STATE USE ONLY

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 \_\_\_\_\_ **Sharon McDonnell** Date **10/24/12**  
 Print or Type Name of Officer  
**Sharon McDonnell**  
 Treasurer  
 Title of Officer