



**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** 2013

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. 118539		2. Exact name of the Corporation Providence Teachers Union Retirees Chapter #958R			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Strive to maintain the integrity of chapter members' full entitlements.			
5. Principal office address 99 Corliss Street		City Providence	State RI	Zip 02904	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name Anthony Mancini, Jr.			Vice-President Name Raymond W. Penza		
Street Address 64 Waite Street			Street Address 65 Lyndhurst Avenue		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name Robin Alcott			Treasurer Name Jane Shugrue		
Street Address 98 Brook Street			Street Address 206 Ridge Road		
City Rehoboth	State MA	Zip 02769	City Smithfield	State RI	Zip 02917
<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 Joseph A. Jannetta			Director Name Joseph A. Grande		
Street Address 7 Maria Street			Street Address 25 Clayton Road		
City Lincoln	State RI	Zip 02865	City Warwick	State RI	Zip 02886
Director Name Donald H. Schmidt			Director Name		
Street Address 15 Pavilion Avenue			Street Address		
City Rumford	State RI	Zip 02915	City	State	Zip
<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 \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

JUN 04 2013

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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. 6/3/13  
 Signature of Officer Date

Anthony Mancini, Jr.  
 Print or Type Name of Officer

President  
 Title of Officer