



**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. 26631		2. Exact name of the Corporation National Education Association of Rhode Island			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Union for teachers and public employees			
5. Principal office address 99 Bald Hill Road		City Cranston		State RI	Zip 02920
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input checked="" type="checkbox"/>					
President Name Lawrence Purtill			Vice-President Name Val Lawson		
Street Address 99 Bald Hill Road			Street Address 99 Bald Hill Road		
City Cranston		State RI	Zip 02920	City Cranston	
State RI		Zip 02920		State RI	Zip 02920
Secretary Name Louis Rainone			Treasurer Name Amy Mullen		
Street Address 99 Bald Hill Road			Street Address 99 Bald Hill Road		
City Cranston		State RI	Zip 02920	City Cranston	
State RI		Zip 02920		State RI	Zip 02920
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES), RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name Robert Mayne			Director Name Sue Verdon		
Street Address 99 Bald Hill Road			Street Address 99 Bald Hill Road		
City Cranston		State RI	Zip 02920	City Cranston	
State RI		Zip 02920		State RI	Zip 02920
Director Name Jen Saarinen			Director Name Carol Lopes		
Street Address 99 Bald Hill Road			Street Address 99 Bald Hill Road		
City Cranston		State RI	Zip 02920	City Cranston,	
State RI		Zip 02920		State RI	Zip 02920
<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 17 2013  
 91130

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.

*Lawrence Purtill*      6/13/13  
 Signature of Officer      Date

Lawrence Purtill  
 Print or Type Name of Officer

\_\_\_\_\_  
 Title of Officer