



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. 28727		2. Exact name of the Corporation PROVIDENCE TEACHERS UNION, AFT AFL-CIO 958			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TEACHERS' UNION			
5. Principal office address 99 CORLISS STREET		City PROVIDENCE	State RI	Zip 02904	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name STEVEN F. SMITH			Vice-President Name MARIBETH REYNOLDS-CALABRO		
Street Address 20 NEUTACONKANUT ROAD			Street Address 11 CARRIAGE WAY		
City PROVIDENCE	State RI	Zip 02909	City NORTH PROVIDENCE	State RI	Zip 02904
Secretary Name DANIEL WALL			Treasurer Name DEBRA ZUCKERMAN		
Street Address 27 SAGMORE ROAD			Street Address 290 GROTTO AVENUE		
City CRANSTON	State RI	Zip 02920	City PROVIDENCE	State RI	Zip 02906
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name STEVEN F. SMITH			Director Name MARIBETH REYNOLDS-CALABRO		
Street Address 20 NEUTACONKANUT ROAD			Street Address 11 CARRIAGE WAY		
City PROVIDENCE	State RI	Zip 02909	City NORTH PROVIDENCE	State RI	Zip 02904
Director Name DANIEL WALL			Director Name		
Street Address 27 SAGMORE ROAD			Street Address		
City CRANSTON	State RI	Zip 02920	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

FILED

JUN 20 2013

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY [Signature]
29.199828

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] _____ Date *6/10/13*

Signature of Officer

STEVEN F. SMITH

Print or Type Name of Officer

PRESIDENT

Title of Officer