



**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. <b>69357</b>		2. Exact name of the Corporation <b>Glocester Teachers' Association</b>	
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>To develop and improve working conditions for Glocester Teachers Association Personnel</b>	
5. Principal office address <b>111 Reynolds Road</b>		City <b>Chepachet</b>	State <b>RI</b> Zip <b>02814</b>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <b>Jason Whitford</b>		Vice-President Name <b>Erin MacPhee</b>	
Street Address <b>28 Whitford Way</b>		Street Address <b>43 Winsor Rd</b>	
City <b>Chepachet</b>	State <b>RI</b>	City <b>Foster</b>	State <b>RI</b> Zip <b>02825</b>
Secretary Name <b>Priscilla Bailey</b>		Treasurer Name <b>Kathy Winsor</b>	
Street Address <b>1437 Chopmist Hill Rd</b>		Street Address <b>169 Douglas Hook Rd</b>	
City <b>No. Scituate</b>	State <b>RI</b>	City <b>Chepachet</b>	State <b>RI</b> Zip <b>02814</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"/>			
Director Name <b>Lisa Sargent</b>		Director Name <b>Barbara Miller</b>	
Street Address <b>58 Highland Terrace</b>		Street Address <b>31 Harmony St.</b>	
City <b>No. Scituate</b>	State <b>RI</b>	City <b>West Warwick</b>	State <b>RI</b> Zip <b>02893</b>
Director Name <b>Elizabeth Cavanagh</b>		Director Name	
Street Address <b>29 Ridge Rd</b>		Street Address	
City <b>Smithfield</b>	State <b>RI</b>	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*

File Date \_\_\_\_\_

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

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

FOR SECRETARY OF STATE USE ONLY

**FILED**

**JUN 26 2013**

*[Signature]*

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.

**Kathy Winsor** **6-11-13**  
 Signature of Officer Date

**Kathy J. Winsor**  
 Print or Type Name of Officer  
**Treasurer**  
 Title of Officer