



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

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