



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

**Filing Period:** June 1 - June 30 • **Filing Fee:** \$20.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>63102</b>		2. Name of Corporation <b>Teachers Association of Newport. Newport Political Action Committee for Education. (T.A.N. New Pace)</b>			
3. State of Incorporation <b>RI</b>		4. Corporate address in Rhode Island - Street Address <b>15 Wickham Street</b>		City <b>Newport</b>	Zip <b>02840</b>
5. Foreign corporation. Enter principal office address <b>n/a</b>		City <b>n/a</b>	State <b>n/a</b>	Zip <b>n/a</b>	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>support union membership and scholarship</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>William Kimes</b>			Vice President Name <b>Cynthia Cykert</b>		
Street Address <b>28 Atlantic Street</b>			Street Address <b>54 Sleepy Hollow Rd.</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02879</b> <b>02828</b>
Secretary Name <b>Melissa Turner</b>			Treasurer Name <b>Sharon McDonnell</b>		
Street Address <b>32 Morton Avenue</b>			Street Address <b>154 Rhode Island Avenue</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
<b>THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23</b>					
Director Name <b>William Kimes</b>			Director Name <b>Cynthia Cykert</b>		
Street Address <b>28 Atlantic Street</b>			Street Address <b></b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02828</b>
Director Name <b>Melissa Turner</b>			Director Name <b>Sharon McDonnell</b>		
Street Address <b>32 Morton Avenue</b>			Street Address <b>154 Rhode Island Avenue</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

**63102**

**JUN 02 2014**

**BY 4555**

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

**Sharon McDonnell** **5/28/14**  
Signature of Officer Date

**Sharon McDonnell**  
Print or Type Name of Officer

**Treasurer**  
Title of Officer