



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 68857		2. Exact name of the Corporation INDEPENDENT CUMBERLAND SCHOOL EMPLOYEES	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island ORGANIZED UNION FOR NON-CERTIFIED SCHOOL EMPLOYEES	
5. Principal office address 147 GROVE STREET		City LINCOLN	State RI
		Zip 02865	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name BARBARA BRUNELLE		Vice-President Name DEBRA FERNANDES	
Street Address 147 GROVE STREET		Street Address 225 MORRIS STREET	
City LINCOLN	State RI	City CUMBERLAND	State RI
Zip 02865		Zip 02864	
Secretary Name EVELYN CODERRE		Treasurer Name CYNTHIA FERREIRA	
Street Address 291 CENTRAL STREET		Street Address 70 OAKWOOD AVENUE	
City CENTRAL FALLS	State RI	City CUMBERLAND	State RI
Zip 02863		Zip 02864	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☒			
Director Name ELLEN MCHUGH		Director Name LYNN MANN	
Street Address 56 HINES ROAD		Street Address 600 BROAD STREET	
City CUMBERLAND	State RI	City CUMBERLAND	State RI
Zip 02864		Zip 02864	
Director Name DONNA HOLMES		Director Name KATHLEEN SCANLON	
Street Address 41 ABBOTT RUN VALLEY ROAD		Street Address 18 ANAWAN ROAD	
City CUMBERLAND	State RI	City N. ATTLEBORO	State MA
Zip 02864		Zip 02760	
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, duly Authorized Representative, Receiver or Trustee

FILED

JUN 06 2014

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY **1260**

Cynthia Ferreira
Signature of Officer or Authorized Representative

6.3.14
Date

CYNTHIA FERREIRA

Print or Type Name of Officer or Authorized Representative

(TREASURER)

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TIMOTHY MARCOUX
119B VICTORY STREET
CUMBERLAND, RI 02864