



**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. <b>793235</b>		2. Exact name of the Corporation <b>Rhode Island Science Teachers Association</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Providing professional development to science educators</b>			
5. Principal office address <b>36 Hallmark Dr</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Carolyn Higgins</b>			Vice-President Name <b>Leslie Martinelli</b>		
Street Address <b>36 Hallmark Dr</b>			Street Address <b>3 Fox Tale Dr</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
Secretary Name			Treasurer Name <b>Ron Poirier</b>		
Street Address			Street Address <b>43 Cushing St</b>		
City	State	Zip	City <b>N Prov</b>	State <b>RI</b>	Zip <b>02904</b>
<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"/></b>					
Director Name <b>Carolyn Higgins</b>			Director Name <b>Leslie Martinelli</b>		
Street Address <b>see above</b>			Street Address <b>see above</b>		
City	State	Zip	City	State	Zip
Director Name <b>Stephen Lakeland</b>			Director Name <b>Ron Poirier</b>		
Street Address <b>612 Academy Ave</b>			Street Address <b>see above</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
<b>This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.</b>					

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

**FILED**

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

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

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

JUN 09 2014

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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.

*Carolyn Higgins* 6/7/14  
 Signature of Officer or Authorized Representative Date

**FOR SECRETARY OF STATE USE ONLY**

Carolyn M. Higgins  
 Print or Type Name of Officer or Authorized Representative