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.**

2015 MAR -2 PM 1:19
SECRETARY OF STATE
CORPORATIONS DIV

1. Entity ID No.	2. Exact name of the Corporation
70075	**Rhode Island School for the Deaf Teacher 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 RI SCHOOL FOR THE DEAF TEACHERS AND PERSONNEL.**

5. Principal office address	City	State	Zip
1 Corliss Park	**Providence**	**RI**	**02908**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
KRYSTEN FLYNN	**270 DIAMOND HILL RD**	**WARWICK**	**RI**	**02886**

Vice-President Name	Street Address	City	State	Zip
DANA JANIK	**3 LADY SLIPPER LN**	**MARION**	**MA**	**02738**

Secretary Name	Street Address	City	State	Zip
CAROL BALDWIN	**P.O. BOX 3698**	**WAQUOIT**	**MA**	**02536**

Treasurer Name	Street Address	City	State	Zip
LENA GREENE	**475 NEWMAN AVE**	**SEEKONK**	**MA**	**02771**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
KRYSTEN FLYNN	**270 DIAMOND HILL RD**	**WARWICK**	**RI**	**02886**

Director Name	Street Address	City	State	Zip
DANA JANIK	**3 LADY SLIPPER LN**	**MARION**	**MA**	**02738**

Director Name	Street Address	City	State	Zip
CAROL BALDWIN	**P.O. 3698**	**WAQUOIT**	**MA**	**02536**

Director Name	Street Address	City	State	Zip
LENA GREENE	**475 NEWMAN AVE**	**SEEKONK**	**MA**	**02771**

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

File Date _____ 1:19 pm
Check No _____ **FILED**
By: _____ MAR 02 2015
FOR SECRETARY OF STATE USE ONLY By 243577 KM

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.

Lena M. Greene 2/27/15
Signature of Officer or Authorized Representative — Date

Lena Greene, Treasurer
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014