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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 2015

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.	2. Exact name of the Corporation
682475	**CRANSTON TEACHERS' ALLIANCE**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	**TEACHERS UNION**

5. Principal office address	City	State	Zip
855 RESERVOIR AVENUE	**CRANSTON**	**RI**	**02910**

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

President Name	Street Address	City	State	Zip
LIZBETH A. LARKIN	**766 BOSTON NECK ROAD**	**NARRAGANSETT**	**RI**	**02882**

Vice-President Name	Street Address	City	State	Zip
JOHN A. SANTANGELO JR.	**69 HARBOUR AVENUE**	**WEST WARWICK**	**RI**	**02893**

Secretary Name	Street Address	City	State	Zip
KATHLEEN A. TORREGROSSA	**1331 HOPE ROAD**	**CRANSTON**	**RI**	**02920**

Treasurer Name	Street Address	City	State	Zip
AMY S. MISBIN	**23 SACHEM DRIVE**	**CRANSTON**	**RI**	**02920**

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
AUDREY HIRSCH	**11 BANFIELD LANE**	**SAUNDERSTOWN**	**RI**	**02874**

Director Name	Street Address	City	State	Zip
CHARLENE LATAILLE	**PO BOX 218**	**HOPE**	**RI**	**02831**

Director Name	Street Address	City	State	Zip
RHONDA MARRO	**31 LYNDON AVENUE**	**WARWICK**	**RI**	**02889**

Director Name	Street Address	City	State	Zip
JOHN THOMPSON	**71 DAYNA DRIVE**	**WEST GREENWICH**	**RI**	**02817**

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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY 20343

FILED
MAY 18 2015

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.

Signature of Officer or Authorized Representative — Date 5/13/15

Amy Misbin
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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