



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. 29966		2. Exact name of the Corporation Teachers' Association of Newport			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island UNION membership support + Scholarship			
5. Principal office address 15 Wickham St		City Newport	State RI	Zip 02840	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name William King		Vice-President Name Cynthia Cukert			
Street Address 28 Atlantic St		Street Address 51 Sleepy Hollow Rd			
City Newport	State RI	Zip 02840	City Tiverton	State RI	Zip 02878
Secretary Name Melissa Turner		Treasurer Name Sharon McDonnell			
Street Address 32 Morton Ave		Street Address 154 Rhode Island Ave			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
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"/>					
Director Name William King		Director Name Cynthia Cukert			
Street Address 28 Atlantic St		Street Address 51 Sleepy Hollow Rd			
City Newport	State RI	Zip 02840	City TIVERTON	State RI	Zip 02878
Director Name Melissa Turner		Director Name Sharon McDonnell			
Street Address 32 Morton Ave		Street Address 154 Rhode Island Ave			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
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 17 2015

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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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.

Sharon McDonnell 6/14/15
 Signature of Officer or Authorized Representative Date

SHARON McDONNELL
 Print or Type Name of Officer or Authorized Representative