

## State of Rhode Island and Providence Plantations Office of the Secretary of State

Fee: \$20.00

**Division Of Business Services** 148 W. River Street Providence RI 02904-2615 (401) 222-3040

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**ANNUAL REPORT YEAR: 2016** 

1. Corporate ID No. 000069357

2. Name of Corporation Glocester Teachers' Association

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street:

111 REYNOLDS ROAD

City or Town:

**CHEPACHET** 

State: RI

Zip: <u>02814</u>

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town:

State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO DEVELOP AND IMPROVE WORKING CONDITIONS FOR GLOCESTER TEACHERS' ASSOCIATION PERSONNEL.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title

**Individual Name** 

Address

**PRESIDENT** 

First, Middle, Last, Suffix JASON WHITFORD

Address, City or Town, State, Zip Code, Country 28 WHITFORD WAY

State of Rhode Island and Providence Plantations - Domestic Non-Profit Corporation Filings NORTH SCITUATE, RI 02857 USA JIRECTOR BARBARA MILLER 31 HARMONY ST WEST WARWICK, RI 02893 USA Vice President Erin Mac Phee 43 Winsor Road Foster, RI 02885 USA Treasurer Kathy winsor 169 Douglas Hook Road Chepachet, RI 02814 USA Director Laura Kaufer 93 Franklin Road Foster, RI 02825 USA Director Priscilla Bailey 1437 Chopmist Hill Road No. Scituate, RI 02857 USA 8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78 KATHY WINSOR WEST GLOCESTER ELEMENTARY SCHOOL REYNOLDS ROAD CHEPACHET, RI <u>02814</u> 9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee. Filer's Contact Information (Enter a contact name, mailing address and email.) Contact Name: Kathy Winsor Business Name: No. and Street: 169 douglas hook rd City or Town: chepachet State: RI Zip: 02814 Country: USA Contact Phone: 4 ext: Contact Email: Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail. Signed this 2 Day of June, 2016 at 7:12:18 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6. By Kathy Winsor Kacky J. Wusa Signature of Authorized Person Make Corrections Accept Form No. 631 Revised 09/07 © 2007 - 2016 State of Rhode Island and Providence Plantations

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