



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number 118539	2. Exact name of the Corporation Providence Teachers Union Retirees Chapter #958R
3. State of Incorporation RI	4. Brief description of the character of business conducted in Rhode Island Strive to maintain the integrity of chapter members' full entitlements.

5. Principal Office Address 99 Corliss Street	City Providence	State RI	Zip 02904
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6. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name Anthony Mancini, Jr.			Vice-President Name Robin Alcott		
Street Address 64 Waite Street			Street Address 98 Brook Street		
City Providence	State RI	Zip 02908	City Rehoboth	State MA	Zip 02769
Secretary Name Fr. Nick Milas			Treasurer Name Jane Shugrue		
Street Address 15 Candice Court			Street Address 206 Ridge Road		
City Johnston	State RI	Zip 02919	City Smithfield	State RI	Zip 02917

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name Joseph A. Jannetta			Director Name Joseph A. Grande		
Street Address 7 Maria Street			Street Address 25 Clayton Road		
City Lincoln	State RI	Zip 02865	City Warwick	State RI	Zip 02886
Director Name Donald H. Schmidt			Director Name		
Street Address 15 Pavilion Avenue			Street Address		
City Rumford	State RI	Zip 02915	City	State	Zip

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative Anthony Mancini, Jr. President	Date June 3, 2016
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Signature of Officer/Authorized Representative
Anthony Mancini, Jr. SIGN DOCUMENT HERE

FILED

JUN 08 2016

By KL 1107