RI SOS Filing Number: 201600885260 Date: 06/20/2016 4:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
749706	Washington County Retired Teachers' Association
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: To promote the educational, cultural and social status of its members.

5. Principal Office Address	City	State	Zip
37 Southwest Road	Narragansett	RI	02882

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Lynda Tisdell	none
Street Address: 110 Starlight Drive	Street Address:
City: South Kingstown, State: RI, Zip: 02879	City: , State: , Zip:
Secretary Name: Elsie Hall	**Treasurer Name:** Diana Funke
Street Address: 117 G Sherman Road	Street Address: 37 Southwest Road
City: Wakefield, State: RI, Zip: 02879	City: Narragansett, State: RI, Zip: 02882

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

Director Name	Director Name
Lynda Tisdell	Diana Funke
Street Address: 110 Starlight Drive	Street Address: 37 Southwest Rd.
City: South Kingstown, State: RI, Zip: 02879	City: Narragansett, State: RI, Zip: 02882
Director Name: Elsie Hall	**Director Name:**
Street Address: 117 G Sherman Road	Street Address:
City: Wakefield, State: RI, Zip: 02879	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	Date
Diana L. Funke, Treasurer	6/17/16

Signature of Officer/Authorized Representative: Diana L. Funke

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JUN 20 2016

BY 1022

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 05/2016