



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

Annual Report for the year: 2017
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 71580		2. Exact name of the Corporation National Education Association Portsmouth	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Non-Profit (Teacher's Union)	
4. NAICS Code 813930			
6. Principal Office Address 120 Education Lane		City Portsmouth	State RI
		Zip 02871	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Amanda Scott		Vice-President Name Alison Arruda	
Street Address PO BOX 660		Street Address 52 Viking Drive	
City North Scituate	State RI	City Bristol	State RI
Zip 02852		Zip 02809	
Secretary Name Melissa Bellotti-Stein		Treasurer Name Beth Travers	
Street Address 30 LeAnn Dr		Street Address 51 Amesbury Circle	
City Seekonk	State MA	City Middletown	State RI
Zip 02771		Zip 02842	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Amanda Scott		Director Name Alison Arruda	
Street Address PO BOX 660		Street Address 52 Viking Drive	
City North Scituate	State RI	City Bristol	State RI
Zip 02852		Zip 02809	
Director Name Beth Travers		Director Name	
Street Address 51 Amesbury Circle		Street Address	
City Middletown	State RI	City	State
Zip 02842		Zip	
9. 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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Beth A. Travers			Date 6/1/17
Signature of Officer/Authorized Representative <i>Beth A. Travers</i>			

FILED

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

JUN 07 2017

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FORM 631 - Revised: 05/2017