



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 <b>71580</b>		2. Exact name of the Corporation <b>National Education Association Portsmouth</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Non-Profit (Teacher's Union)</b>			
4. NAICS Code <b>813930</b>					
6. Principal Office Address <b>120 Education Lane</b>		City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Amanda Scott</b>			Vice-President Name <b>Alison Arruda</b>		
Street Address <b>PO BOX 660</b>			Street Address <b>52 Viking Drive</b>		
City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
Secretary Name <b>Melissa Bellotti-Skein</b>			Treasurer Name <b>Beth Travers</b>		
Street Address <b>30 LeAnn Dr</b>			Street Address <b>51 Amesbury Circle</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Amanda Scott</b>			Director Name <b>Alison Arruda</b>		
Street Address <b>PO BOX 660</b>			Street Address <b>52 Viking Drive</b>		
City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
Director Name <b>Beth Travers</b>			Director Name		
Street Address <b>51 Amesbury Circle</b>			Street Address		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Beth A. Travers</b>					Date <b>6/1/17</b>
Signature of Officer/Authorized Representative <b>Beth A. Travers</b>					

**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