



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.

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1. Entity ID Number 70075		2. Exact name of the Corporation RI School for the Deaf Teachers Association	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island To develop and improve working conditions for RI Deaf Teachers + Personnel.	
4. NAICS Code 611110			
6. Principal Office Address 1 Corliss Park		City Providence	State RI
		Zip 02908	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Joseph Batiano		Vice-President Name Robin Henderson	
Street Address 174 Canonchet ave		Street Address 36 PeepToad Rd	
City Warwick	State RI	City N. Scituate	State RI
Zip 02888		Zip 02857	
Secretary Name Maria Teresa Medeiros		Treasurer Name Lena M. Greene	
Street Address 46 Bower St		Street Address 475 Newman Ave	
City Somerset	State Ma	City Seekonk	State Ma
Zip 02726		Zip 02771	
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 Joseph Batiano		Director Name Robin Henderson	
Street Address 174 Canonchet ave		Street Address 36 PeepToad Rd	
City Warwick	State RI	City N. Scituate	State RI
Zip 02888		Zip 02857	
Director Name Maria Teresa Medeiros		Director Name	
Street Address 46 Bower St		Street Address	
City Somerset	State Ma	City	State
Zip 02726		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 Lena M Greene			Date 6/27/17
Signature of Officer/Authorized Representative <i>Lena M Greene</i>			FILED JUN 27 2017

MAIL TO:
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Phone: (401) 222-3040
Website: www.sos.ri.gov

BY CA 307059