



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>813254</b>		2. Exact name of the Corporation <b>Providence Teachers Union Staff Alliance</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Labor organization</b>			
4. NAICS Code <b>813930 - Labor Unions and</b>					
6. Principal Office Address <b>99 Corliss Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</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>Maura Galvao</b>			Vice-President Name <b>Edward Neil</b>		
Street Address <b>19 Sophia Lane</b>			Street Address <b>53 Lonsdale Stree</b>		
City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
Secretary Name			Treasurer Name <b>Michelle Fleet</b>		
Street Address			Street Address <b>30 Sarah Lynn Court</b>		
City	State	Zip	City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</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>Maura Galvao</b>			Director Name <b>Edward Neil</b>		
Street Address <b>19 Sophia Lane</b>			Street Address <b>53 Lonsdale Street</b>		
City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
Director Name <b>Michelle Fleet</b>			Director Name		
Street Address <b>30 Sarah Lynn Court</b>			Street Address		
City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</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>Maura Galvao</b>				Date <b>6/5/17</b>	
Signature of Officer/Authorized Representative <i>Maura Galvao</i>					

**FILED**

**JUN 28 2017**

**BY**

FORM 631 - Revised: 05/2017