



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

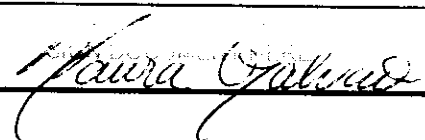
Annual Report for the year: **2017**

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 813254		2. Exact name of the Corporation Providence Teachers Union Staff Alliance			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Labor organization			
4. NAICS Code 813930 - Labor Unions and					
6. Principal Office Address 99 Corliss Street		City Providence	State RI	Zip 02904	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Maura Galvao			Vice-President Name Edward Neil		
Street Address 19 Sophia Lane			Street Address 53 Lonsdale Stree		
City Greenville	State RI	Zip 02828	City West Warwick	State RI	Zip 02893
Secretary Name			Treasurer Name Michelle Fleet		
Street Address			Street Address 30 Sarah Lynn Court		
City	State	Zip	City Fall River	State MA	Zip 02720
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Maura Galvao			Director Name Edward Neil		
Street Address 19 Sophia Lane			Street Address 53 Lonsdale Street		
City Greenville	State RI	Zip 02828	City West Warwick	State RI	Zip 02893
Director Name Michelle Fleet			Director Name		
Street Address 30 Sarah Lynn Court			Street Address		
City Fall River	State MA	Zip 02720	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.					
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 Maura Galvao				Date 6/5/17	
Signature of Officer/Authorized Representative 					

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 28 2017
BY 107 
FORM 631 - Revised: 05/2017