



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 799706		2. Exact name of the Corporation Washington County Retired Teachers' Association	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To promote the educational, cultural, and social status of its members.	
4. NAICS Code 813410			
6. Principal Office Address 37 Southwest Road		City Narragansett	State RI Zip 02882
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Lynda Tisdell		Vice-President Name none	
Street Address 110 Starlight Drive		Street Address	
City South Kingstown	State RI	City	State Zip
Secretary Name Elsie Hall		Treasurer Name Diana Funke	
Street Address 117 G Sherman Road		Street Address 37 Southwest Road	
City Wakefield	State RI	City Narragansett	State RI Zip 02882
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 Lynda Tisdell		Director Name Diana Funke	
Street Address 110 Starlight Drive		Street Address 37 Southwest Road	
City South Kingstown	State RI	City Narragansett	State RI Zip 02882
Director Name Elsie Hall		Director Name none	
Street Address 117 G Sherman Road		Street Address	
City Wakefield	State RI	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 Diana L. Funke, Treasurer			Date 6/27/17
Signature of Officer/Authorized Representative Diana L. Funke			

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

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JUN 30 2017

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