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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual	Report	for the	year:
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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	2. Exact name of the Corporation						
<i>3</i> 0633	Woonsocket Teachers' Guild						
3. State of Incorporation Rhode Island	4. Brief description of the character of business conducted in Rhode Island Labor Union						
5. Principal Office Address			City	State	Zip		
30 Cumberland Street, 2nd flr		Woonsocket	RI	02895			
6. List ALL officers (names and a	ddresses)		Che	eck the box to indi	cate an attachment		
President Name Jeffrey W. Partington			Vice-President Name Roxane D. Cary				
Street Address 50 Park Avenue			Street Address 3 Betty Street				
City Harrisville	State, RI	Zip 02830	City Lincoln	State RI	Zip 02865		
Secretary Name Marie M. Zaminer			Treasurer Name George F. Morris, Jr.				
Street Address 159 Tiernan Avenue			Street Address 27 Countryside Drive				
City Warwick	State RI	Zip 02886	City Cumberland	State RI	^{Zip} 02864		
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Robin Crane, Elementary Vice-President			Director Name Robin Murphy, Middle School Vice-President				
Street Address 81 Dana Street			Street Address 10 Valley Stream Drive				
City Woonsocket	State RI	Zip 02895	City Cumberland	State RI	^{Zip} 02864		
Director Name Anthony Cosentino, High School V.P.			Director Name Barbara Ozanian, Paraprofessional V.P.				
Street Address 384 Sabin Street			Street Address 37 Cold Spring Place				
City Putnam	State CT	Zip 06260	Gib	State RI	^{Zip} 02895		
8. 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 George F. Morris, Treasurer				Date 6/30/17			
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

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FORM 631 - Revised: 05/2016