



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.

FILED

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1. Entity ID Number 28727		2. Exact name of the Corporation PROVIDENCE TEACHERS UNION, AFT AFL-CIO 958	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TEACHER'S UNION	
4. NAICS Code 813930 - Labor Unions and Sim			
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 <input type="checkbox"/>			
President Name MARIBETH CALABRO		Vice-President Name MICHAEL FIORVANTI	
Street Address 11 CARRIAGE WAY		Street Address 191 CARRIAGE HILL ROAD	
City NORTH PROVIDENCE	State RI	City NORTH KINGSTOWN	State RI Zip 02852
Secretary Name JEREMY SPENCER		Treasurer Name ALEX LUCINI	
Street Address 665 SEVEN MILE ROAD		Street Address 3 ROMA AVENUE	
City HOPE	State RI Zip 02831	City JOHNSTON	State RI Zip 02919
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 MARIBETH CALABRO		Director Name MICHAEL FIORAVANTI	
Street Address 11 CARRIAGE WAY		Street Address 191 CARRIAGE HILL ROAD	
City NORTH PROVIDENCE	State RI Zip 02909	City NORTH KINGSTOWN	State RI Zip 02852
Director Name JEREMY SPENCER		Director Name ALEX LUCINI	
Street Address 665 SEVEN MILE ROAD		Street Address 3 ROMA AVENUE	
City HOPE	State RI Zip 02831	City JOHNSTON	State RI Zip 02919
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 MARIBETH CALABRO			Date AUGUST 8, 2017
Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i>			

MAIL TO:
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Website: www.sos.ri.gov