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

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R.I. DEPT OF STATE
BUS. SVCS. DIV.

**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 | 2. Exact name of the Corporation |
|---|---|
| 28727 | 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 | City | State | Zip |
|---|---|---|---|
| 99 CORLISS STREET | PROVIDENCE | RI | 02904 |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| 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 | Zip: 02909 | 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 ☐

| | | | | | |
|---|---|---|---|---|---|
| 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 | Date |
|---|---|
| MARIBETH CALABRO | AUGUST 8, 2017 |

Signature of Officer/Authorized Representative

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