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

Annual Report for the year: - 2018
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
MAY 29 2017
BY 20985

1. Entity ID Number	2. Exact name of the Corporation
682475	Cranston Teachers' Alliance Local 1704
3 State of Incorporation: RI - 6/8/11	5. Brief description of the character of business conducted in Rhode Island: To work on the improvement of professional opportunities and advancement of education. To develop ethical practices, personnel policies and standards
4. NAICS Code: 813930	

6. Principal Office Address	City	State	Zip
855 Reservar Ave	Cranston	RI	02910

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

President Name	Vice-President Name
Lizbeth Larkin	John Santangelo
Street Address: 855 Reservoir Ave	Street Address: 855 Reservoir Ave
City: Cranston State: RI Zip: 02910	City: Cranston State: RI Zip: 02910
Secretary Name	**Treasurer Name**
Kathleen Torregrossa	Amy Misbin
Street Address: 855 Reservoir Ave	Street Address: 855 Reservoir Ave
City: Cranston State: RI Zip: 02910	City: Cranston State: RI Zip: 02910

8. List ALL directors (names and addresses) RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
John Thompson	Rhonda Marcu
Street Address: 855 Reservoir Ave	Street Address: 855 Reservoir Ave
City: Cranston State: RI Zip: 02910	City: Cranston State: RI Zip: 02910
Director Name	**Director Name**
Audrey Hirsch	NONE
Street Address: 855 Reservoir Ave	Street Address:
City: Cranston State: RI Zip: 02910	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: Amy Misbin — Date: 7-19-17

Signature of Officer/Authorized Representative: Amy Misbin

RECEIVED JUL 21 2017 DEPT OF STATE CS DIV

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

Revised: 05/2017