



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

FILED
 JUN 11 2018
 BY 376

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.

1. Entity ID Number 69357		2. Exact name of the Corporation Glocester Teachers' Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To develop and improve working conditions for glocester Teachers' association personnel.			
4. NAICS Code 611110 - Elementary and Sec					
6. Principal Office Address 111 Reynolds road		City Chepachet	State RI	Zip 02814	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jason Whitford			Vice-President Name Ertn MacPhee		
Street Address 28 Whitford Way			Street Address 43 Winsor Road		
City Chepachet	State RI	Zip 02814	City Foster	State RI	Zip 02885
Secretary Name Lindsay Miller			Treasurer Name Kathy Winsor		
Street Address 1 Tupperware Drive			Street Address 169 Douglas Hook Road		
City North Smithfield	State RI	Zip 02896	City Chepachet	State RI	Zip 02814
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 Sally Ryan			Director Name Barbara Miller		
Street Address 155 Douglas Hook Road			Street Address 31 Harmony St.		
City Chepachet	State RI	Zip 02814	City West Warwick	State RI	Zip 02893
Director Name Priscilla Bailey			Director Name		
Street Address 1437 Chopmist Hill road			Street Address		
City No. Scituate	State RI	Zip 02857	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Treasurer				Date 6/8/2018	
Signature of Officer/Authorized Representative <i>Kathy J. Winsor</i>				SIGN DOCUMENT HERE	

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