



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

STAMP

FILED
 JUN 18 2018
 PROVIDENCE, RI

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 000813254		2. Exact name of the Corporation Providence Teachers Union Staff Alliance					
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Labor organization					
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 Maura Galvao			Vice-President Name Edward Neil				
Street Address 19 Sophia Lane			Street Address 53 Lonsdale Street				
City Greenville	State RI	Zip 02828	City West Warwick	State RI	Zip 02893		
Secretary Name			Treasurer Name Michelle Fleet				
Street Address			Street Address 30 Sarah Lynn Court				
City	State	Zip	City Fall River	State MA	Zip 02720		
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 Maura Galvao			Director Name Edward Neil				
Street Address 19 Sophia Lane			Street Address 53 Lonsdale Street				
City Greenville	State RI	Zip 02828	City West Warwick	State RI	Zip 02893		
Director Name Michelle Fleet			Director Name				
Street Address 30 Sarah Lynn Court			Street Address				
City Fall River	State MA	Zip 02720	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 Maura Galvao					Date 6/13/18		
Signature of Officer/Authorized Representative <i>Maura Galvao</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

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