



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

FILED

JUL 02 2018

BY 1017

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 <u>00070075</u>		2. Exact name of the Corporation <u>Rhode Island School for the Deaf Teachers Assoc</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>School for the Deaf</u>			
4. NAICS Code <u>611110</u>					
6. Principal Office Address <u>One Corliss Park</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Joseph Baticano</u>			Vice-President Name <u>Robin Henderson</u>		
Street Address <u>174 Canonchet Ave</u>			Street Address <u>36 Peepload Rd</u>		
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02888</u>	City <u>N. Scituate</u>	State <u>RI</u>	Zip <u>02857</u>
Secretary Name <u>Maria Teresa Medeiros</u>			Treasurer Name <u>Maria Teresa Medeiros</u>		
Street Address <u>46 Bower St</u>			Street Address <u>46 Bower St</u>		
City <u>Somerset</u>	State <u>MA</u>	Zip <u>02726</u>	City <u>Somerset</u>	State <u>MA</u>	Zip <u>02726</u>
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 <u>Joseph Baticano</u>			Director Name <u>Robin Henderson</u>		
Street Address <u>174 Canonchet Ave</u>			Street Address <u>36 Peepload Rd</u>		
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02888</u>	City <u>N. Scituate</u>	State <u>RI</u>	Zip <u>02857</u>
Director Name <u>Maria Teresa Medeiros</u>			Director Name		
Street Address <u>46 Bower St</u>			Street Address		
City <u>Somerset</u>	State <u>MA</u>	Zip <u>02726</u>	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 <u>Maria Teresa Medeiros</u>				Date <u>6/21/18</u>	
Signature of Officer/Authorized Representative <u>M. Teresa Medeiros</u>					

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