RI SOS Filing Number: 201995132440 Date: 6/3/2019 11:24:00 AM



# State of Rhode Island and Providence Plantations Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

## Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2019

- 1. Corporate ID No. 000028445
- 2. Name of Corporation Central Falls Teachers' Union
- 3. State of Incorporation

State: RI

#### **ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.

NAICS Code

6

Fee: \$20.00

813930

4. Corporate Address in Rhode Island

No. and Street:

PO BOX 182

City or Town:

CENTRAL FALLS

State: RI

Zip: 02863

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town:

State: Zip:

Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

### TEACHER'S UNION EDUCATION OF CHILDREN AND PROTECTION OF MEMBERS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L.

| Title          | Individual Name             | Address  |
|----------------|-----------------------------|--|
|                | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country                  |
| PRESIDENT      | TRACEY CAVANAUGH            | 6 ASHLEY DRIVE<br>LINCOLN, RI 02865 USA                          |
| TREASURER      | NOEL K CHARTIER             | 40 OLD LOUISQUISSSET PIKE #202<br>NORTH SMITHFIELD, RI 02896 USA |
| SECRETARY      | JOANNE B DIGGLE             | 40 OLD LOUISQUISSSET PIKE #202<br>NORTH SMITHFIELD, RI 02896 USA |
| VICE PRESEDENT | DORIS WHITE                 | 16 LEXINGTON AVE<br>NORTH PROVIDENCE, RI 02904 US                |
| VICE PRESIDENT | CHERYL THURBER              | 64 HAWTHORNE AVE<br>CRANSTON, RI 02910 USA                       |
| DIRECTOR       | DORIS WHITE                 | 16 LEXINGTON AVE<br>NORTH PROVIDENCE, RI 02904 US                |
| DIRECTOR       | TRACEY CAVANAUGH            | 6 ASHLEY DR.<br>LINCOLN, RI 02865 USA                            |
| DIRECTOR       | CHERYL THURBER              | 64 HAWTHORNE AVE<br>CRANSTON, RI 02910 US                        |

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

NOEL CHARTIER 40 OLD LOUISQUISSSET PIKE #202 NORTH SMITHFIELD, RI 02896

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

**Signed this 3 Day of June, 2019 at 11:24:44 AM by the authorized person.** This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

## By NOEL CHARTIER

Signature of Authorized Person

Form No. 631 Revised 09/07

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