



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

Fee: \$20.00

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.** 000029434

**2. Name of Corporation** Pawtucket Teachers Alliance

**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

813990

**4. Corporate Address in Rhode Island**

No. and Street: 413 CENTRAL AVENUE, BUILDING 1, BOX 9

City or Town: PAWTUCKET

State: RI Zip: 02861 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**

TO ACT AS A CONSTRUCTIVE FORCE IN PROVIDING BETTER EDUCATION FOR  
PAWTUCKET STUDENTS

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	RONALD A. BEAUPRE	71 ALGONQUIN ROAD RUMFORD, RI 02916 USA
TREASURER	DEAN LANCELOTTI	71 ROBIN HOOD DR. SEEKONK, MA 02771 USA
SECRETARY	JO-ANN ENANDER	9 BLUE MIST DRIVE MANVILLE, RI 02838 USA
VICE PRESIDENT	CHRISTINA DIPRETE	572 SMITHFIELD AVE NORTH PROVIDENCE, RI 02904 USA
VICE PRESIDENT	JODIE OLIVO	13 GARFIELD STREET NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	SHARON USHER	166 ALEXANDER MCGREGOR ROAD PAWTUCKET, RI 02861 USA
DIRECTOR	JO-ANN WUNSCHER	157 GREENSLIT AVE PAWTUCKET, RI 02861 USA
DIRECTOR	CHERYL BABIEC	136 ROSEMONT AVENUE PAWTUCKET, RI 02861 USA

**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**

ROBERT A. D'AMICO II, ESQ. 536 ATWELLS AVENUE PROVIDENCE , RI 02909

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

**Signed this 12 Day of June, 2019 at 1:38:59 PM 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 RONALD A. BEAUPRE, PRESIDENT  
Signature of Authorized Person

Form No. 631  
Revised 09/07