



**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.** 000506431

**2. Name of Corporation** Burrillville Teachers' Association

**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: 89 WHITE PKWY.

City or Town: NORTH SMITHFIELD

State: RI

Zip: 02896

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 DEVELOP AND IMPROVE WORKING CONDITIONS FOR BURRILLVILLE TEACHERS  
ASSOCIATION 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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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. 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
TREASURER	ROSANNA CAMPBELL	89 WHITE PKWY. NORTH SMITHFIELD, RI 02896 USA
SECRETARY	NANCY INZER	44 MILL POND RD HARRISVILLE, RI 02830 USA
VICE PRESIDENT	JOHN JALETTE	47 MORSE AVE NORTH SMITHFIELD, RI 02896 USA
VICE PRESIDENT	REBECCA FLORI	57 WENDY DR. NORTH SCITUATE, RI 02857 USA
DIRECTOR	NICHOLAS SERVIDO	187 CONCORD ST. HOLLISTON, MA 01746 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**

ROSANNA CAVANAUGH 89 WHITE PKWY. 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 17 Day of June, 2019 at 2:49:40 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 ROSANNA CAMPBELL  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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