



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

Annual Report for the year:
 Non-Profit Corporation

2019

FILED

JUN 24 2019

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- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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1. Entity ID Number 000030633		2. Exact name of the Corporation Woonsocket Teachers' Guild	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Labor Union representing Teachers and Paraprofessionals (aka) Teacher Assistants	
4. NAICS Code 803930			
6. Principal Office Address 68 Cumberland Street, Suite 302		City Woonsocket	State RI
		Zip 02895	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Jeffrey W. Partington		Vice-President Name Roxane D. Cary	
Street Address 50 Park Avenue		Street Address 3 Betty Street	
City Harrisville	State RI	City Lincoln	State RI
Zip 02830		Zip 02865	
Secretary Name Jean D. Capitumini		Treasurer Name George F. Morris, Jr.	
Street Address 16 Raymond Avenue		Street Address 27 Countryside Drive	
City North Providence	State RI	City Cumberland	State RI
Zip 02911		Zip 02864	
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 Robin Crane, Elementary Vice-President		Director Name Robin Murphy, Middle School Vice-President	
Street Address 81 Dana Street		Street Address 16 Valley Stream Drive	
City Woonsocket	State RI	City Cumberland	State RI
Zip 02895		Zip 02864	
Director Name Anthony Cosentino, High School Vice-President		Director Name Barbara Ozanian, Paraprofessional Vice-Pres	
Street Address 384 Sabin Street		Street Address 37 Cold Spring Place	
City Putnam	State CT	City Woonsocket	State RI
Zip 06260		Zip 02895	
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 George F. Morris, Jr. TREASURER			Date 6/21/19
Signature of Officer/Authorized Representative <i>George F. Morris, Jr.</i>			

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov