



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

Annual Report for the year: **2019**

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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV AMP
 2019 NOV 22 PM 1:11

1. Entity ID Number 28727		2. Exact name of the Corporation Providence Teachers Union, AFT AFL-CIO 958			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Teachers Union			
4 NAICS Code 813930 - Labor Unions and Sim					
6. Pncipal Office Address 99 Corliss St			City Providence	State RI	Zip 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Maribeth Calabro			Vice-President Name Jeremy Sencer		
Street Address 11 Carriage Way			Street Address 665 Seven Mile Road		
City North Providence	State RI	Zip 02909	City Hope	State RI	Zip 02831
Secretary Name Kathleen McDonough			Treasurer Name Alex Lucini		
Street Address 45 Frances Avenue			Street Address 3 Roma Avenue		
City Narragansett	State RI	Zip 02882	City Johnston	State RI	Zip 02919
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 Maribeth Calabro			Director Name Kathleen McDonough		
Street Address 11 Carriage Way			Street Address 45 Frances Avenue		
City North Providence	State RI	Zip 02909	City Narragansett	State RI	Zip 02882
Director Name Jeremy Sencer			Director Name Alex Lucini		
Street Address 665 Seven Mile Road			Street Address 3 Roma Avenue		
City Hope	State RI	Zip 02831	City Johnston	State RI	Zip 02919
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 Maribeth Calabro				Date 11/22/2019	
Signature of Officer/Authorized Representative <i>Maribeth K Calabro</i> SIGN DOCUMENT HERE					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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