



State of Rhode Island
Department of State - Business Services Division

RECEIVED STATE DEPT. OF BUSINESS SERVICES DIV. 2021 FEB -4 AM 9:43

Annual Report for the year:
 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.

1. Entity ID Number <input type="text" value="000070075"/>		2. Exact name of the Corporation <input type="text" value="Rhode Island School for the Deaf Teachers Association"/>	
3. State of Incorporation <input type="text" value="RI"/>		5. Brief description of the character of business conducted in Rhode Island <input type="text" value="To develop and improve working conditions for RI School for the Deaf."/>	
4. NAICS Code <input type="text" value="611110 - Elementary and Second."/>			
6. Principal Office Address <input type="text" value="1 Corliss Park"/>		City <input type="text" value="Providence"/>	State <input type="text" value="RI"/>
		Zip <input type="text" value="02908"/>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <input type="text" value="Robin Henderson"/>		Vice-President Name <input type="text" value="Joseph Batiano"/>	
Street Address <input type="text" value="36 Pceptoad Rd"/>		Street Address <input type="text" value="174 Canonchct Ave."/>	
City <input type="text" value="N. Scituate"/>	State <input type="text" value="RI"/>	City <input type="text" value="Warwick"/>	State <input type="text" value="RI"/>
Zip <input type="text" value="02857"/>		Zip <input type="text" value="02888"/>	
Secretary Name <input type="text" value="Katherine Kay"/>		Treasurer Name <input type="text" value="Stephanic Bishop"/>	
Street Address <input type="text" value="114 Linwood St."/>		Street Address <input type="text" value="363 Simmonsville Ave. Apt #1309"/>	
City <input type="text" value="Uxbridge"/>	State <input type="text" value="MA"/>	City <input type="text" value="Johnston"/>	State <input type="text" value="RI"/>
Zip <input type="text" value="01569"/>		Zip <input type="text" value="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 <input type="text" value="Robin Henderson"/>		Director Name <input type="text" value="Joseph Batiano"/>	
Street Address <input type="text" value="36 Pceptoad Rd"/>		Street Address <input type="text" value="174 Canonchet Ave."/>	
City <input type="text" value="N. Scituate"/>	State <input type="text" value="RI"/>	City <input type="text" value="Warwick"/>	State <input type="text" value="RI"/>
Zip <input type="text" value="02857"/>		Zip <input type="text" value="02888"/>	
Director Name <input type="text" value="Katherine Kay"/>		Director Name <input type="text" value="Stephanic Bishop"/>	
Street Address <input type="text" value="114 Linwood St."/>		Street Address <input type="text" value="363 Simmonsville Ave. Apt #1309"/>	
City <input type="text" value="Uxbridge"/>	State <input type="text" value="MA"/>	City <input type="text" value="Johnston"/>	State <input type="text" value="RI"/>
Zip <input type="text" value="01569"/>		Zip <input type="text" value="02919"/>	
9 The Registered Agent information of record with the RI Department of State is accurate. 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 <input type="text" value="Robin Henderson"/>		Date <input type="text" value="1/29/2021"/>	
Signature of Officer/Authorized Representative 		FILED FEB 4 2021 BSA ZWOC	

MAIL TO:
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 Website: www.sos.ri.gov