RI SOS Filing Number: 202198719850 Date: 6/28/2021 4:00:00 PM

State of Rhode Island  Department of State	e - Business Services Division
Annual Report for the year:	2021

JUN 28 2021 BY 2303

**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	2. Exact name of the Corporation						
000114164	Rhode Island Retired Teachers Association						
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island						
Rhode Island	See back of page						
4. NAICS Code							
813920 - Professional Organizati							
6. Principal Office Address	-		City	State	Zip		
C/O Sarah A Connors, 19 Sage Drive			Warwick	RI	02886		
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name Lois Carlson			Vice-President Name Stephen McMahon				
Street Address 153 Pleasant Street			Street Address 14 Crestview Drive				
City Rumord	State RI	Zip 02916	City North Scituate	State RI	Zip 02857		
Secretary Name Rac Holland-Long	cretary Name Rac Holland-Long			Treasurer Name Ruth E Bennett			
Street Address 45 River Run			Street Address 2462 Oswego Drive				
City East Greenwich	State RI	Zip 02818	City North Port	State FL	Zip 34289		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment							
Director Name Arlene Hicks			Director Name Sarah A Connors				
Street Address 29 Abbey Road			Street Address 19 Sage Drive				
City Wakefield	State RI	Zip 02879	City Warwick	State RI	Zip 02886		
Director Name Norman Laliberte			Director Name Ann Gardella				
Street Address 36 Winslow Avenue			Street Address 769 B Heritage Village				
City Warwick	State RI	Zip 02886	City Southberry	State CT	<sup>Zip</sup> 06488		
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.							
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.							
Name of Officer/Authorized Representative				Date			
Rae Holland-Long, Ruthe E Bennett or Sarah A Connors				June 6, 2021			
Signature of Officer/Authorized Representative  Lutl E. Bennett # 2303							

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov