



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

Annual Report for the year:

2021

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
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 JUL -2 PM 12:00

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 813930					
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 ☐					
President Name Robert J. Stewart			Executive Vice-President Name Roxane D. Cary		
Street Address 77 Anoka Avenue			Street Address 3 Betty Street		
City Barrington	State RI	Zip 02806	City Lincoln	State RI	Zip 02865
Secretary Name Charleen Gauvin			Treasurer Name George F. Morris, Jr.		
Street Address 15 Wildwood Circle			Street Address 50 Abbott Run Valley Road		
City Millville	State MA	Zip 01529	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name David Andrews, High School Vice-President			Director Name Robin Crane, Elementary Vice-President		
Street Address Mailing: P.O. Box 635, Saunderson 279 Orchard Woods Drive			Street Address 81 Dana Street		
City Saunderson	State RI	Zip 02874	City Woonsocket	State RI	Zip 02895
Director Name Robin Murphy, Middle School V.P.			Director Name Barbara Ozanian, Paraprofessional VP		
Street Address 16 Valley Stream Drive			Street Address 37 Cold Spring Place		
City Cumberland	State RI	Zip 02864	City Woonsocket	State RI	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 6/28/2021
Signature of Officer/Authorized Representative <i>George F. Morris</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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FORM 631 - Revised: 06/2019