



State of Rhode Island
Department of State - Business Services Division

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2022 FEB -9 A 9:19

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.

| | | | |
|---|-------|--|-------------------------|
| 1. Entity ID Number 001676952 | | 2. Exact name of the Corporation Educational Support Professional Association CRI | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island to organize union members for the purpose of negotiating of wage and labor contract for members NEARI | |
| 4. NAICS Code 813910 | | | |
| 6. Principal Office Address 400 EAST AVE | | City WARWICK | State RI |
| | | Zip 02886 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/> | | | |
| President Name MICHAEL McNALLY | | Vice-President Name ANTONIO Angelino | |
| Street Address SAME AS ABOVE | | Street Address SAME AS ABOVE | |
| City | State | City | State |
| | | | |
| Secretary Name JOHN HENRY | | Treasurer Name LINDA FERGUSON | |
| Street Address SAME AS ABOVE | | Street Address SAME AS ABOVE | |
| City | State | City | State |
| | | | |
| 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 ANTONIO Angelino | | Director Name MICHAEL McNALLY | |
| Street Address SAME AS ABOVE | | Street Address SAME AS ABOVE | |
| City | State | City | State |
| | | | |
| Director Name LINDA FERGUSON | | Director Name | |
| Street Address SAME AS ABOVE | | Street Address | |
| City | State | City | State |
| | | | |
| 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 ANTONIO Angelino | | | Date 2.7.2022 |
| Signature of Officer/Authorized Representative <i>[Signature]</i> | | | |

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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BY JD JMNEM 9:21