



State of Rhode Island
Department of State - Business Services Division

FILED
 FEB 10 2023
 BY *[Signature]*
 STATE OF RHODE ISLAND

Annual Report for the year: 2023
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000799706		2. Exact name of the Corporation Washington County Retired Teachers' Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To promote fellowship between local retired teachers and to raise funds for charities that support area children and to award scholarships to local students.			
4. NAICS Code 81310					
6. Principal Office Address 201 Klondike Road			City Charlestown	State RI	Zip 02813
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lynda Tisdell			Vice-President Name _____		
Street Address 110 Starlight Drive			Street Address _____		
City South Kingston	State RI	Zip 02879	City _____	State ____	Zip ____
Secretary Name Jean Nardone			Treasurer Name Cassandra Crandall		
Street Address 31 Hollywood Avenue			Street Address 201 Klondike Road		
City Narragansett	State RI	Zip 02882	City Charlestown	State RI	Zip 02813
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 Elsie Hall			Director Name Elizabeth McNab		
Street Address 117G Sherman Road			Street Address 151 Cherry Road		
City Wakefield	State RI	Zip 02879	City Kingston	State RI	Zip 02881
Director Name Kathy Armor			Director Name _____		
Street Address 8 Indian Trail N			Street Address _____		
City Wakefield	State RI	Zip 02879	City _____	State _____	Zip _____
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 Cassandra E. Crandall				Date February 1, 2023	
Signature of Officer/Authorized Representative <i>Cassandra E. Crandall</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov