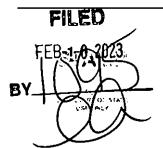


Annual Report for the year: 2023 Non-Profit Corporation

-> 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	2. Exact name of the Corporation				
000799706	Washington County Retired Teachers' Association				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
Rhode Island	To promote fellowship between local retired teachers and to raise funds for				
4. NAICS Code	charities that support area children and to award scholarships to local students.				
813410					
6. Principal Office Address			City	State	<b>Z</b> ip
201 Klondike Road			Charlestown	RI	02813
7. List ALL officers (names and addresses)  Check the box to indicate an attachment					
President Name Lynda Tisdell			Vice-President Name		
Street Address 110 Starlight Drive			Street Address		
<sup>City</sup> South Kingston	State RI	<sup>Zip</sup> 02879	City	State	Zip
Secretary Name Jean Nardone			Treasurer Name Cassandra Crandall		
Street Address 31 Hollywood Avenue			Street Address 201 Klondike Road		
<sup>City</sup> Narragansett	State RI	<sup>Zip</sup> 02882	City Charlestown	State RI	<sup>Zip</sup> 02813
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment					
Director Name Elsie Hall			Director Name Elizabeth McNab		
Street Address 117G Sherman Road			Street Address 151 Cherry Road		
City Wakefield	State RI	<sup>Zip</sup> 02879	City Kingston	State RI	<sup>Zip</sup> 02881
Director Name Kathy Armor			Director Name		
Street Address 8 Indian Trail N			Street Address		
<sup>City</sup> Wakefield	State RI	<sup>Zip</sup> 02879	City	State	<b>Z</b> ip
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, duty Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative				Date	
Cassandra E. Crandall				February 1, 2023	
Signature of Officer/Authorized Representative					
CASSANDER CRAWSALL					

MAIL TO:

Division of Business Services

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

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