



State of Rhode Island  
Department of State - Business Services Division

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.

**FILED**

FEB 10 2023

BY

1. Entity ID Number <b>000799706</b>		2. Exact name of the Corporation <b>Washington County Retired Teachers' Association</b>							
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>To promote fellowship between local retired teachers and to raise funds for charities that support area children and to award scholarships to local students.</b>							
4. NAICS Code <b>81310</b>									
6. Principal Office Address <b>201 Klondike Road</b>				City <b>Charlestown</b>		State <b>RI</b>		Zip <b>02813</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>									
President Name <b>Lynda Tisdell</b>					Vice-President Name _____				
Street Address <b>110 Starlight Drive</b>					Street Address _____				
City <b>South Kingston</b>		State <b>RI</b>		Zip <b>02879</b>		City _____		State ____ Zip ____	
Secretary Name <b>Jean Nardone</b>					Treasurer Name <b>Cassandra Crandall</b>				
Street Address <b>31 Hollywood Avenue</b>					Street Address <b>201 Klondike Road</b>				
City <b>Narragansett</b>		State <b>RI</b>		Zip <b>02882</b>		City <b>Charlestown</b>		State <b>RI</b> Zip <b>02813</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>									
Director Name <b>Elsie Hall</b>					Director Name <b>Elizabeth McNab</b>				
Street Address <b>117G Sherman Road</b>					Street Address <b>151 Cherry Road</b>				
City <b>Wakefield</b>		State <b>RI</b>		Zip <b>02879</b>		City <b>Kingston</b>		State <b>RI</b> Zip <b>02881</b>	
Director Name <b>Kathy Armor</b>					Director Name _____				
Street Address <b>8 Indian Trail N</b>					Street Address _____				
City <b>Wakefield</b>		State <b>RI</b>		Zip <b>02879</b>		City _____		State _____ Zip _____	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.									
<b>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.</b>									
<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 <b>Cassandra E. Crandall</b>							Date <b>February 1, 2023</b>		
Signature of Officer/Authorized Representative <i>Cassandra E. Crandall</i>									

MAIL TO:  
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