



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Non-Profit Corporation

MAR 20 2023
BY ISA

- 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 000030633		2. Exact name of the Corporation Woonsocket Teachers' Guild, AFT 00951			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Labor Union representing Teachers and Paraprofessionals (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 <input type="checkbox"/>					
President Name Robert J. Stewart		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 Gauwin		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 <input type="checkbox"/>					
Director Name David Andrews, High School Vice-President		Director Name Robin Crane, Elementary Vice-President			
Street Address Mailing: PO Box 635 Saundertown RI 279 Orchard Woods Drive		Street Address 81 Dana Street			
City Saundertown	State RI	Zip 02874	City Woonsocket	State RI	Zip 02895
Director Name Robin Murphy, Middle School Vice-Pres.		Director Name Barbara Ozanian, Paraprofessional Vice-Pres			
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. 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 George F. Morris, Jr.			Treasurer		Date March 15, 2023
Signature of Officer/Authorized Representative <i>George F. Morris, Jr.</i>					

MAIL TO:
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Website: www.sos.ri.gov