



State of Rhode Island  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

1. Corporate ID No. 000506431

2. Name of Corporation Burrillville Teachers' Association

3. State of Incorporation

State: RI

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code  
813990

4. Principal Office Address

No. and Street: 89 WHITE PKWY.

City or Town: NORTH SMITHFIELD State: RI Zip: 02896 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO DEVELOP AND IMPROVE WORKING CONDITIONS FOR BURRILLVILLE  
TEACHERS ASSOCIATION MEMBERS

6. Names and Addresses of the Officers and Directors:

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
SECRETARY	LISA NICHOLS	10 WOOD ST. COVENTRY, RI 02816 USA
DIRECTOR	ROBERT DELELLIS	18 REGALWOOD DR. COVENTRY, RI 02816 USA
DIRECTOR	MAUREEN BYRNE	76 EAST AVE. HARRISVILLE, RI 02830 USA
DIRECTOR	NICHOLAS SERVIDO	187 CONCORD ST. HOLLISTON, MA 01746 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ROSANNA CAVANAUGH 89 WHITE PKWY. NORTH SMITHFIELD , RI 02896

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 23 Day of January, 2024 at 4:13:30 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By ROSANNA CHRISTINE CAMPBELL  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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