



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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.

REC'D RID05 BSD
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1. Entity ID Number 000028727		2. Exact name of the Corporation PROVIDENCE TEACHERS UNION, AFT AFL-CIO 958			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TEACHERS' UNION			
4. NAICS Code 8193930 Labor Unions ar					
6. Principal Office Address 88 CORLISS STREET			City PROVIDENCE	State RI	Zip 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARIBETH CALABRO			Vice-President Name CYNTHIA ROBLES		
Street Address 11 CARRIAGE WAY			Street Address 92 IMERA STREET		
City NO. PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02909
Secretary Name KATHLEEN MCDONOUGH			Treasurer Name RYAN CONNOLE		
Street Address 45 FRANCES AVENUE			Street Address 18 MAPLEWOOD ORCHARD DRIVE		
City NARRAGANSETT	State RI	Zip 02882	City GREENVILLE	State RI	Zip 02828
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 MARIBETH CALABRO			Director Name CYNTHIA ROBLES		
Street Address 11 CARRIAGE WAY			Street Address 92 IMERA STREET		
City NO. PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02909
Director Name KATHLEEN MCDONOUGH			Director Name RYAN CONNOLE		
Street Address 45 FRANCES DRIVE			Street Address 18 MAPLEWOOD ORCHARD DRIVE		
City NARRAGANSETT	State RI	Zip 02882	City GREENVILLE	State RI	Zip 02828
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, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative MARIBETH CALABRO					Date 4-19-24
Signature of Officer/Authorized Representative <i>Maribeth Calabro</i>					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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