	State of Rhode		Fee: \$20.00	
	Office of the Secreta	-		
	148 W. River S			
	Providence RI 029	04-2615		
1636	(401) 222-30	40		
Non-Profit Corporation Annual Report				
Filing Period: February 1 - May	1			
In accordance with R.I.G.L. 7-6 annual report within the time pro penalty fee of \$25.00.	· · · · · · · · · · · · · · · · · · ·			
ANNUAL REPORT YEAR - ENT	ER THE CURRENT YEAR <b>2</b>	<b>024</b> : <u>2024</u>		
1. Corporate ID No. 00006	3102			
<b>2. Name of Corporation</b> <u>Teac</u> For Education (T.A.N. New F		ort, Newport Political	Action Committee	
3. State of Incorporation				
State: <u>RI</u>				
	NAICS CODE			
Using the dropdown labeled Na primary type of activity in whic populate a NAICS Code based box on the right. For further as	h your entity engages. The on the chosen selection. If	box to the right of the the NAICS Code is kn	dropdown will	
NAICS Code				
<u>813940</u>				
4. Principal Office Address				
No. and Street: <u>15 WICK</u>	HAM STREET			
City or Town: <u>NEWPOF</u>		te: <u>RI</u> Zip: <u>02840</u>	Country: <u>USA</u>	
5. Brief Description of the Character of the Affairs Conducted in Rhode Island				
SUPORT OF POLITICAL CANDIDATES AND ISSUES				
6. Names and Addresses of the	ne 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	Addr	ess	

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
PRESIDENT	DAVID KOUTSOGIANE	100 SECLUDED DR. NARRAGANSETT, RI 02882 USA	
TREASURER	PATRICK LARGY	29 MAPLE DRIVE TIVERTON, RI 02878 USA	
SECRETARY	MELISSA TURNER	32 MORTON AVENUE NEWPORT, RI 02878 USA	
VICE PRESIDENT	JEN HOLE	60 BELMONT DRIVE PORTSMOUTH, RI 02871 USA	
DIRECTOR	PATRICK LARGY	29 MAPLE DRIVE TIVERTON, RI 02878 USA	
DIRECTOR	MELISSA TURNER	32 MORTON AVENUE NEWPORT, RI 02840 USA	
DIRECTOR	DAVID KOUTSOGIANE	100 SECLUDED DR. NARRAGANSETT, RI 02882 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

JUNE MCGREAVY 125 CANTON AVENUE PORTSMOUTH , RI 02871

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

**Signed this 28 Day of April, 2024 at 1:16:11 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 <u>PATRICK LARGY</u>

Signature of Authorized Person

Form No. 631 Revised 09/07

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