RI SOS Filing Number: 202453905680 Date: 4/29/2024 3:38:00 PM

State of Rhode Island
Department of State - Business Services Division

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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.

1 Entity ID Number	2. Exact name of the Corporation
001686125	NEARI/United Staff Organization/National Staff Organization
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Provide collective bargaining and representation of unionized employees of the National Education Association Rhode Island
4. NAICS Code: 813930	

6. Principal Office Address	City	State	Zip
99 Bald Hill Rd.	Cranston	RI	02920

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Amanda J. Scott			Vice-President Name: Samuel G. Howard		
Street Address: 99 Bald Hill Rd.			Street Address: 99 Bald Hill Rd.		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920
Secretary Name: NONE			Treasurer Name: Stephanie Mandeville		
Street Address: NONE			Street Address: 99 Bald Hill Rd.		
City: NONE	State: NONE	Zip: NONE	City: Cranston	State: RI	Zip: 02920

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Amanda J. Scott			Director Name: Samuel G. Howard		
Street Address: 99 Bald Hill Rd.			Street Address: 99 Bald Hill Rd.		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920
Director Name: Stephanie Mandeville			Director Name: NONE		
Street Address: 99 Bald Hill Rd.			Street Address: NONE		
City: Cranston	State: RI	Zip: 02920	City: NONE	State: NONE	Zip: NONE

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	Date
Stephanie Mandeville	**4/24/24**

Signature of Officer/Authorized Representative: Stephanie Mandeville

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

FORM 631- Revised 12/2023