



**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 2025: 2025

1. Corporate ID No. 001699988

2. Name of Corporation Rhode Island Mathematics 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

813920

4. Principal Office Address

No. and Street: 204 PULASKI ROAD

City or Town: HARRISVILLE

State: RI

Zip: 02830

Country: USA

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

OUR MISSION IS TO PROVIDE HIGH QUALITY MATHEMATICAL LEARNING
EXPERIENCES AND TO CREATE OPPORTUNITIES FOR COLLABORATION AND THE
SHARING OF RESOURCES ACROSS DISTRICT AND STATE LINES

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	STEPHEN PAUL LEVESQUE	204 PULASKI ROAD HARRISVILLE, RI 02830 USA
DIRECTOR	NICOLLE GREENE	27 WARREN AVE. CRANSTON, RI 02920 USA
DIRECTOR	REGINA KILDAY	54 DONALD POTTER ROAD WEST GREENWICH, RI 02817 USA
DIRECTOR	MEREDITH ASTROLOGO	5 BELVEDERE DRIVE BRISTOL, RI 02809 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

RAYMOND E. MORIN 19 BOUVIER AVENUE MANVILLE , RI 02838-1104

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

Signed this 8 Day of February, 2025 at 8:15:27 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 STEPHEN LEVESQUE
Signature of Authorized Person

Form No. 631
Revised 09/07

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