



**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.** 001713154

**2. Name of Corporation** Rhode Island Federation of Teachers and Health Professionals, Local 8037

**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

813930

**4. Principal Office Address**

No. and Street: 356 SMITH STREET

City or Town: PROVIDENCE State: RI Zip: 02908 Country: USA

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

TO WORK FOR THE WELFARE OF THE SCHOOL CHILDREN, THE ADVANCEMENT OF EDUCATION AND THE IMPROVEMENT OF PROFESSIONAL OPPORTUNITIES FOR ALL, REPRESENTING SCHOOL TEACHERS AND STAFF, HIGHER EDUCATION, MUNICIPAL AND STATE EMPLOYEES, AND HEALTH PROFESSIONALS.

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	MARIBETH CALABRO	11 CARRIAGE WAY NORTH PROVIDENCE, RI 02904 USA
TREASURER	MICHAEL J. CICERONE JR.	22 FOREST HILL DRIVE NORTH SMITHFIELD, RI 02896 USA
RECORDING SECRETARY	DONNA ROWLAND	181 LAKE STREET SEEKONK, MA 02771 USA
ASSISTANT TREASURER	CHRISTINA DIPRETE	572 SMITHFIELD ROAD, #7 NORTH PROVIDENCE, RI 02904 USA
VICE PRESIDENT	SEAN DOYLE	P.O. BOX 462 WEST WARWICK, RI 02893 USA
CORRESPONDING SECRETARY	ROXANNE D. CARY	3 BETTY STREET LINCOLN, RI 02865 USA
VICE PRESIDENT	RONALD BEAUPRE	413 CENTRAL AVENUE PAWTUCKET, RI 02861 USA
VICE PRESIDENT	KELLY ERINAKES	18 RISE N SUN DRIVE HOPE, RI 02816 USA
VICE PRESIDENT	KATHLEEN KANDZIERSKI	16 BRENTWOOD DRIVE JOHNSTON, RI 02919 USA
VICE PRESIDENT	LIZBETH LARKIN	855 RESERVOIR AVENUE CRANSTON, RI 02910 USA
VICE PRESIDENT	DARLENE NETCOH	585 JEFFERSON BLVD. WARWICK, RI 02886 USA
DIRECTOR	MARIBETH CALABRO	11 CARRIAGE WAY NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	MICHAEL J. CICERONE JR.	22 FOREST HILL DRIVE NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	DONNA ROWLAND	181 LAKE STREET SEEKONK, MA 02771 USA
DIRECTOR	ROXANNE D. CARY	3 BETTY STREET LINCOLN, RI 02865 USA
DIRECTOR	CHRISTINA DIPRETE	572 SMITHFIELD ROAD, #7 NORTH PROVIDENCE, RI 02904 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**

MICHAEL J. CICERONE, JR. 356 SMITH STREET PROVIDENCE , RI 02908

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

**Signed this 13 Day of February, 2025 at 9:40:14 AM 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 MICHAEL J. CICERONE, JR.  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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