



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.

FILED
MAR 06 2025
BY 147

1. Entity ID Number 001676952		2. Exact name of the Corporation Education Support Professional Association CCRI NEARI			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island to organize union members for the purpose of negotiating of wages and labor contract from members.			
4. NAICS Code 813-Business Associator					
6. Principal Office Address 400 East Avenue			City Warwick		State RI
					Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Antonson			Vice-President Name John O Henry		
Street Address 400 East Avenue			Street Address 400 East Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Sherry Zinn			Treasurer Name Linda J Ferguson		
Street Address 400 East Avenue			Street Address 400 East Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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 Mark Keenan			Director Name Michelle Lourenco Sousa		
Street Address 400 East Avenue			Street Address 400 East Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name James Reedy			Director Name		
Street Address 400 East Avenue			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Linda J Ferguson, Treasurer					Date 2/1/2025
Signature of Officer/Authorized Representative <i>Linda J Ferguson</i>					

MAIL TO:
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