

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

200-9

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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

penaity jee of \$25.00.						
1. Corporate ID No. 70311	2. Name of Corporation The Smith	Aprield High C	School Parent C	Povnei 1		
3. State of Incorporation	4. Corporate address in		SS	Smith Field	02917	
5. Foreign corporation. Enter prin	cipal office address		City	State	Zip	
6. Brief Description of the character	of the affairs which are ac	ctually conducted in Rhode I	sland			
Promotion of communication between parents and Smitherida High School a melante year.						
7. NAMES AND ADDRESSES	OF THE OFFICERS	S: ("X" BOX FOR ATTAC	HMENT) [FILL IN SPACES	BEFORE USING ATTAC	HMENTS	
President Name Losley Brasue			Vice President Name ElGine amorts si			
Street Address 14 Fanning hane			Street Address 186 Harris Boad.			
Green ville	State PIL	^{रक्} ञ्यक्ष्यक्ष	Smithcield	State PL	Zip Φ3917	
Secretary Name Karen Piccoli			Treasurer Name Kuren Piccol			
Street Address 19 Hawkin St			Street Address 19 Hawkin St.			
Simple Single Si	State P1 OF THE DIRECTO	Zip OSSS ("X" BOX FOR WITH	greenville	State FIL	Zip Cod & d	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23						
Director Name Sandra Bazinet			Director Name Karry Konne de			
Street Address 27 B/a	CK Hauk	Trail	Street Address 42 Fore	etwood Pr	•	
Smithereld	State PIL	Zip 08917	mitwold	State PTE	Zip O 数Q/)	
Director Name Max Colles			Director Name			
Street Address 42 Asper	hane		Street Address			
greenville	State BL	21p 02828	City	State	Zip	
9. REGISTERED AGENT IN RHODE ISLAND						
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78						
This report must be signed by either the Decider VI. D. 11. C						

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Officer

File Date	FILED
Check No.	SEP 2.8.200
By:	By KHO
	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I report, including any accompanying schedules and sta	
statements contained herein are true and correct.	9-17-09
Signature of Officer Karon C. Piacoli	Date
Print or Type Name of Officer	Comció