



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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 penalty fee of \$25.00.

1. Corporate ID No. 143247		2. Name of Corporation Edward S. Rhodes PTA			
3. State of Incorporation RI	4. Corporate address in Rhode Island - Street Address 160 Shaw Ave		City CRANSTON	Zip 02905	
5. Foreign corporation. Enter principal office address		City	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Rebecca Cox		Vice President Name ELLEN Milani			
Street Address 135 Massasoit Ave		Street Address 94 Lyndon Rd			
City CRANSTON	State RI	Zip 02905	City CRANSTON	State RI	Zip 02905
Secretary Name Sloan Alday		Treasurer Name LAURIE LAVEY			
Street Address 228 Garden ST		Street Address 11 MILTON AVE			
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02905
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 Kenneth Blackman		Director Name Rosemary Napolitano			
Street Address 160 Shaw Ave		Street Address 160 Shaw Ave			
City CRANSTON	State RI	Zip 02905	City CRANSTON	State RI	Zip 02905
Director Name Dawn Florenz		Director Name			
Street Address 160 Shaw Ave		Street Address			
City CRANSTON	State RI	Zip 02905	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 President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

Signature of Officer Laurie Lavey Date 6/21/10
Print or Type Name of Officer LAURIE LAVEY
Title of Officer TREASURER

File Date	FILED
Check No.	JUN 23 2010
By:	<u>2911</u>
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