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.	2. Name of Corporation		
143247	Edward S. Rhodes PTA		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RI	160 Shaw Ave	CRANSTON	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	Vice President Name
Rebecca Cox	ELLEN Milani
Street Address	Street Address
135 Massasoit AVE	94 Lyndon Rd
City / State / Zip	City / State / Zip
CRANSTON / RI / 02905	CRANSTON / RI / 02905
Secretary Name	**Treasurer Name**
Sloan Alday	LAURIE LAVEY
Street Address	Street Address
228 Gaechen ST	11 MILTON AVE
City / State / Zip	City / State / Zip
CRANSTON / RI / 02910	CRANSTON / RI / 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	Director Name
Kenneth Blackman	Rosemary Napolitano
Street Address	Street Address
160 Shaw Ave	160 Shaw Ave
City / State / Zip	City / State / Zip
CRANSTON / RI / 02905	CRANSTON / RI / 02905
Director Name	Director Name
Dawn Florenz	
Street Address	Street Address
160 Shaw Ave	
City / State / Zip	City / State / Zip
CRANSTON / RI / 02905	

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

[redacted] [redacted]

File Date **FILED**
Check No. JUN 23 2010
By: By 2911
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Laurie Lavey — 6/21/10
Signature of Officer — *Date*

LAURIE LAVEY
Print or Type Name of Officer

TREASURER
Title of Officer

Form 631 Rev. 09/17