



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. 512597		2. Name of Corporation PARENT PARTNERS	
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 40 AMESBURY LANE	
		City LITTLECOMPTON	Zip 02837
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 A NON-PROFIT INITIATIVE TO MENTOR CAREGIVERS IN POSITIVE PARENTING			
7. NAMES AND ADDRESSES OF THE OFFICERS FOR USE FOR ATTACHMENTS <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name ELIZABETH STEARNS		Vice President Name / TREASURER / NANCY S. HARTNETT	
Street Address 40 AMESBURY LANE		Street Address 50 CRANDALL RD BOX 331	
City LITTLECOMPTON	State RI	City ADAMSVILLE	State RI
Zip 02837		Zip 02801	
Secretary Name JENNIFER KLEMMER		Treasurer Name	
Street Address 52 HAMILTON DR		Street Address	
City PORTSMOUTH	State RI	City	State Zip
Zip 02871			
Director Name MAEVE DONOHUE		Director Name ELIZABETH STEARNS	
Street Address 47 BROW ST		Street Address 40 AMESBURY LANE	
City BARRINGTON	State RI	City LITTLECOMPTON	State RI
Zip 02806		Zip 02837	
Director Name NANCY HARTNETT		Director Name JENNIFER KLEMMER	
Street Address 50 CRANDALL RD BOX 331		Street Address 52 HAMILTON DR	
City ADAMSVILLE	State RI	City PORTSMOUTH	State RI
Zip 02801		Zip 02871	

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

**FILED**

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FOR SECRETARY OF STATE USE ONLY

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: Nancy S. Hartnett Date: 7/30/10  
Print or Type Name of Officer: NANCY S. HARTNETT  
Title of Officer: VICE PRESIDENT / TREASURER