



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 02904-2640
401.222.3000

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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. 70311		2. Name of Corporation The Smithfield High School Parent Council	
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 90 Pleasant View Ave	
		City Smithfield	Zip 02917
5. Foreign corporation. Enter principal office address		City	State
			Zip
6. Brief Description of the character of the affairs which have actually conducted in Rhode Island Promoting communication between parents of Smithfield High School and the school. Published a news letter.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Irena Carlone		Vice President Name Helen Gannon	
Street Address 52 Connors Farm		Street Address 8 Oliver St	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
Secretary Name Karen Santucci		Treasurer Name Claudia Silva	
Street Address 31 Roger Williams Dr		Street Address 9 Forestwood Dr	
City Greenville	State RI	City Smithfield	State RI
Zip 02828		Zip 02917	
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 Elaine Amorizzi		Director Name Sandra Bazinet	
Street Address 19 Meadow View Dr		Street Address 37 Black Hawk Trail	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
Director Name Helen Gannon		Director Name	
Street Address 8 Oliver St		Street Address	
City Smithfield	State RI	City	State
Zip 02917		Zip	
9. REGISTERED AGENT IN RHODE ISLAND			

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

FILED

File Date **JUL 07 2011**

Check No. **BY 11605**

By: _____

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

Claudia Silva

Print or Type Name of Officer

Treasurer

6/24/11

Date