



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000148128		2. Exact name of the Corporation Coventry High School PTSA	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island <i>To facilitate parent and teacher involvement in school activities and to advocate for children and the school community.</i>	
5. Principal office address 40 Reservoir Rd. Coventry		City Coventry	State RI
		Zip 02816	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Patricia Paolucci		Vice-President Name Sue Wallbank	
Street Address 15 Blue Spruce Dr.		Street Address 56 Cobblestone Terr.	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
Secretary Name Christine Degraide		Treasurer Name Susan Hackett	
Street Address 98 Doolittle St.		Street Address 16 Gentry Farm Dr.	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Michael Hobin - Principal		Director Name SUSAN HACKETT - Treasurer	
Street Address 40 Reservoir Rd		Street Address 16 Gentry Farm Dr.	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
Director Name Patricia Paolucci - President		Director Name	
Street Address 15 Blue Spruce Dr.		Street Address	
City Coventry	State RI	City	State
Zip 02816		Zip	
8. REGISTERED AGENT IN RHODE ISLAND SUSAN HACKETT rieggman@msn.com			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

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

FILED

File Date **AUG 21 2012**

Check No **1923**

By: **S**

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.

Susan Hackett
Signature of Officer _____ Date _____

SUSAN HACKETT
Print or Type Name of Officer _____

Treasurer
Title of Officer _____

186