



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. 512597		2. Exact name of the Corporation Parent Partners			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island human services • non • profit			
5. Principal office address PO BOX 460		City Little Compton		State RI	Zip 02837
6. LIST ALL OFFICERS' (NAMES AND ADDRESSES). ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Elizabeth Stearns		Vice-President Name Nancy Hartnett			
Street Address 40 Amesbury Lane		Street Address Crandell Rd			
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
Secretary Name Jennifer Klemmer		Treasurer Name Nancy Hartnett			
Street Address 49 Hamilton Drive		Street Address Crandell Rd			
City Portsmouth	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
7. LIST ALL DIRECTORS' (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Elizabeth Stearns		Director Name Nancy Hartnett			
Street Address 40 Amesbury Lane		Street Address Crandell Rd			
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
Director Name Jennifer Klemmer		Director Name			
Street Address 49 Hamilton Drive		Street Address			
City Portsmouth	State RI	Zip 02837	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
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 _____

NOV 20 2012

Check No _____

By mmc

By: _____

CL# 1145

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.

Elizabeth Stearns 6.29.12
Signature of Officer Date

ELIZABETH STEARNS
Print or Type Name of Officer

President
Title of Officer