



**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** 2013

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. <b>793948</b>		2. Exact name of the Corporation <b>Vincent J Gallagher Middle School PTA</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>raise funds to promote educational experieci by all students.</b>			
5. Principal office address <b>10 Indian Run Trail</b>		City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	
<b>. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Sharyn Turner</b>			Vice-President Name <b>Brenda Cote</b>		
Street Address <b>133 Farnum Pike</b>			Street Address <b>175 Old County Rd</b>		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
Secretary Name <b>Gina Clement</b>			Treasurer Name <b>None</b>		
Street Address <b>24 High View Dr.</b>			Street Address		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City	State	Zip
<b>. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <b>Sharyn Turner</b>			Director Name <b>Brenda Cote</b>		
Street Address <b>133 Farnum Pike</b>			Street Address <b>175 Old County Rd</b>		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
Director Name <b>Gina Clement</b>			Director Name <b>None</b>		
Street Address <b>24 High View Dr</b>			Street Address		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City	State	Zip
<b>. REGISTERED AGENT IN RHODE ISLAND</b>					
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**

**MAY 22 2013**

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

By mrc Sharyn Turner 5/20/13  
 Signature of Officer Date

FOR SECRETARY OF STATE USE ONLY

Sharyn Turner  
 Print or Type Name of Officer  
President  
 Title of Officer