



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. 73430		2. Exact name of the Corporation Parent Support Network of Rhode Island, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Advocacy and support for families of children with emotional, behavioral, or mental health issues, or who are at risk for these types of issues.			
5. Principal office address 1395 Atwood Ave., Suite 114			City Johnston	State RI	Zip 02919
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Linda Winfield, Chair			Vice-President Name George McDonough, Vice Chair		
Street Address P.O. Box 216			Street Address 22 Clipper Circle		
City Scituate	State RI	Zip 02857	City Wakefield	State RI	Zip 02879
Secretary Name Betsy Ison			Treasurer Name Vacant		
Street Address 55 South Brow Street			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
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 Sophia Michalopoulos			Director Name		
Street Address 10 Sheri Drive			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Director Name Kellie-Ann Heenan			Director Name		
Street Address 10 Sunset Drive			Street Address		
City Smithfield	State RI	Zip 02917	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 _____

Check No _____

By: _____ BY **7155**

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

Date

Linda Winfield

Print or Type Name of Officer

Chair

Title of Officer