



**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>148495</b>		2. Exact name of the Corporation <b>Narragansett Public Education Foundation</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>To improve, promote, sponsor and enhance the quality of the educational experience for public school students and their school committee in Narragansett.</b>			
5. Principal office address <b>25 Fifth Avenue</b>		City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Philip Capaldi</b>		Vice-President Name <b>Christopher Catanzaro</b>			
Street Address <b>15 Baneberry Trail</b>		Street Address <b>79 Secluded Drive</b>			
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>
Secretary Name <b>Raymond Ranaldi</b>		Treasurer Name <b>Christopher Catanzaro</b>			
Street Address <b>46 Conanicus Road</b>		Street Address <b>79 Secluded Drive</b>			
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>
<b>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"/></b>					
Director Name <b>Lyn Budaj</b>		Director Name <b>Philip Capaldi</b>			
Street Address <b>84 Palm Beach Avenue</b>		Street Address <b>15 Baneberry Trail</b>			
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>
Director Name <b>Christopher Catanzaro</b>		Director Name			
Street Address <b>79 Secluded Drive</b>		Street Address			
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City	State	Zip
<b>8. 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

File Date _____
Check No _____
By: _____
<b>FOR SECRETARY OF STATE USE ONLY</b>

**FILED**

**JUN 20 2013**

**BY 236060**

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

Print or Type Name of Officer

Title of Officer

**5-13-13**

**CT CATANZARO**

**VICE PRESIDENT**