



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. 135894		2. Exact name of the Corporation Marieville Elem School PTA	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island PTA	
5. Principal office address 1135 Min. Sp. Ave		City N.P	State RI Zip 02904
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) OR BOX FOR ATTACHMENT			
President Name Charlene Smith		Vice-President Name Kimberly Ortiz	
Street Address 23 Cooper St		Street Address 25 Cleveland St	
City N.P	State RI	Zip 02904	City N.P State RI Zip 02904
Secretary Name Rhonda Catelli		Treasurer Name Lizzandra Rivera	
Street Address 112 Leo Ave		Street Address 110 Orlando Dr	
City N.P	State RI	Zip 02904	City N.P State RI Zip 02904
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (BOX FOR ATTACHMENT)			
Director Name Charlene Smith		Director Name Kim Ortiz	
Street Address 23 Cooper St		Street Address 25 Cleveland St	
City N.P	State RI	Zip 02904	City N.P State RI Zip 02904
Director Name Rhonda Catelli		Director Name Lizzandra Marcelo Rivera	
Street Address 112 Leo Ave		Street Address 110 Orlando Dr	
City N.P	State RI	Zip 02904	City N.P State RI Zip 02904
8. REGISTERED AGENT IN RHODE ISLAND			

RECEIVED
 JUL 30 AM 9:48
 SECRETARY OF STATE
 CORPORATIONS DIV.

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 946

JUL 30 2013

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File Date: _____
 Check No: _____
 By: _____
 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: **Charlene Smith** Date: **7-30-13**
 Print or Type Name of Officer: **Charlene Smith**