



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 29848		2. Exact name of the Corporation Rhode Island Congress of Parents and Teachers			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To improve the health, education, and welfare of children and youth.			
5. Principal office address 600 Mount Pleasant Avenue Bldg 3		City Providence		State RI	Zip 02908
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Amie Galipeau			Vice-President Name Hilary Fournier		
Street Address 70 Cactus Street			Street Address 18 Lunn Street		
City Warwick	State RI	Zip 02886	City Riverside	State RI	Zip 02915
Secretary Name Traci Pena			Treasurer Name Wanda Lafrenaye		
Street Address 334 N Country Club Drive			Street Address 50 Monty Ave		
City Warwick	State RI	Zip 02888	City Woonsocket	State RI	Zip 02895
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 Amie Galipeau			Director Name Hilary Fournier		
Street Address 70 Cactus Street			Street Address 18 Lunn Street		
City Warwick	State RI	Zip 02886	City Riverside	State RI	Zip 02915
Director Name Traci Pena			Director Name Wanda Lafrenaye		
Street Address 334 N Country Club Drive			Street Address 50 Monty Ave		
City Warwick	State RI	Zip 02888	City Woonsocket	State RI	Zip 02895
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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAY 13 2014

BY 8640

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.

W. Lafrenaye 5.9.14
 Signature of Officer or Authorized Representative Date

Wanda Lafrenaye
 Print or Type Name of Officer or Authorized Representative