



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2014

**1. Corporate ID No.** 000138689

**2. Name of Corporation** Alan Shawn Feinstein Middle School of Coventry PTSA, INC.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 15 FOSTER DRIVE

City or Town: COVENTRY

State: RI

Zip: 02816

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO FACILITATE PARENT, TEACHER AND STUDENT INVOLVEMENT IN SCHOOL  
ACTIVITIES AND TO ADVOCATE FOR ALL CHILDREN AND THE SCHOOL COMMUNITY

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23*

Title	Individual Name	Address
TREASURER	PAMELA ANN PETRARCA	15 THOMPSON DRIVE COVENTRY, RI 02816 USA
DIRECTOR	JUDI LINER	20 LYNN DRIVE COVENTRY, RI 02816 USA

DIRECTOR	ARLEEN CARPENTER	19 WINTERBERRY DRIVE COVENTRY, RI 02816 USA
SECRETARY	REGINA HALL	10 CASEY LANE COVENTRY, RI 02816 USA
VICE PRESIDENT	JEN ROY	15 FOSTER DR COVENTRY, RI 02816 USA
DIRECTOR	PAMELA OBRIEN	25 WALKER LANE COVENTRY, RI 02816 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

DR. MICHAEL ALMEIDA 15 FOSTER DRIVE COVENTRY , RI 02816

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 30 Day of June, 2014 at 11:04:56 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By PAMELA ANN PETRARCA  
Signature of Authorized Person

Form No. 631  
Revised 09/07