



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. 000070311

2. Name of Corporation The Smithfield High School Parent Council

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 90 PLEASANT VIEW AVENUE

City or Town: SMITHFIELD

State: RI Zip: 02917 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

PROMOTION OF COMMUNICATION BETWEEN PARENTS AND THE SMITHFIELD HIGH SCHOOL, A NEWSLETTER.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
PRESIDENT	ANNETTE PAIVA	59 FANNINE LANE GREENVILLE, RI 02828 USA
TREASURER	KIM RAVENELLE	76 AUSTIN AVE. GREENVILLE, RI 02828 USA

VICE PRESIDENT	BARBARA KARPINSKI	34 ASPEN LANE GREENVILLE, RI 02828 USA
DIRECTOR	SUE BARON	22 RIVERVIEW AVE SMITHFIELD, RI 02917 USA
DIRECTOR	BARBARA HEBERT	90 PLEASANT VIEW AVE SMITHFIELD, RI 02917 USA
DIRECTOR	GINNY RICCI	19 FORESTWOOD DR SMITHFIELD, RI 02917 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**

ADELE CABRAL 90 PLEASANT VIEW AVENUE SMITHFIELD , RI 02917-

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

Signed this 2 Day of July, 2014 at 2:58:56 PM 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 ANNETTE PAIVA
Signature of Authorized Person

Form No. 631
Revised 09/07