



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

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. <u>158613</u>		2. Exact name of the Corporation <u>Riverside Middle School PTA</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Parent-teacher group to help educate, develop & promote the students of RMS.</u>	
5. Principal office address <u>179 Forbes St.</u>		City <u>Riverside</u>	State <u>RI</u> Zip <u>02915</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Amy Rodenbaugh</u>		Vice-President Name <u>Deb Cardoza</u>	
Street Address <u>44 Providence Ave</u>		Street Address <u>30 Barton Ave</u>	
City <u>Riverside</u>	State <u>RI</u>	Zip <u>02915</u>	City <u>Riverside</u> State <u>RI</u> Zip <u>02915</u>
Secretary Name <u>Tara Wallace</u>		Treasurer Name <u>Kim Francis</u>	
Street Address <u>64 Sherman Ave</u>		Street Address <u>37 Village Green N Apt A</u>	
City <u>Riverside</u>	State <u>RI</u>	Zip <u>02915</u>	City <u>Riverside</u> State <u>RI</u> Zip <u>02915</u>
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 <u>Jessica Beauchaine</u>		Director Name <u>Teresa Feola</u>	
Street Address <u>55 Winslow St.</u>		Street Address <u>134 Peach Orchard Dr.</u>	
City <u>Riverside</u>	State <u>RI</u>	Zip <u>02915</u>	City <u>Riverside</u> State <u>RI</u> Zip <u>02915</u>
Director Name <u>Tracy Capobianco</u>		Director Name	
Street Address <u>104 Merritt Rd.</u>		Street Address	
City <u>Riverside</u>	State <u>RI</u>	Zip <u>02915</u>	City <u></u> State <u></u> Zip <u></u>
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

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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.

Amy E. Rodenbaugh 6/30/14
 Signature of Officer or Authorized Representative Date

Amy E. Rodenbaugh
 Print or Type Name of Officer or Authorized Representative

File Date _____
 Check No _____
 By: _____
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