



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.** 000124542

**2. Name of Corporation** North Smithfield Parent-Teacher Organization

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: P.O. BOX 553  
City or Town: SLATERSVILLE State: RI Zip: 02876 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 ACT AS A SUPPORT SYSTEM TO THE TOWN OF NORTH SMITHFIELD'S  
ELEMENTARY SCHOOLS

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	MARY ANN ZMETRA	POUND HILL ROAD NORTH SMITHFIELD, RI 02896 USA
TREASURER	STACEY WHITTON	21 MAPLE AVENUE FORESTDALE, RI 02824 USA

DIRECTOR	JAMIE AUSTIN	MAPLE AVENUE FORESTDALE, RI 02824 USA
DIRECTOR	ANNE MARIE CHAMPAGNE	MAPLE AVENUE FORESTDALE, RI 02824 USA
DIRECTOR	KATHARINE DUBOIS	PINE STREET NORTH SMITHFIELD, RI 02896 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**

H. ANTHONY DELLER, CPA 10 RAILROAD STREET, UNIT 77S SLATERSVILLE , RI 02876

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

**Signed this 16 Day of July, 2014 at 9:28:00 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 MARY ANN ZMETRA  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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