



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 2015

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. 000075177		2. Exact name of the Corporation Johnston School Music Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To aid in the improvement of the music program to work with and assist the music directors.			
5. Principal office address 10 Memorial Ave		City Johnston		State RI	Zip 02919
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Pamela Oliveira		Vice-President Name Lori Agnew			
Street Address 1137 Plainfield St		Street Address 11 Susan Cir			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Melissa Patrone		Treasurer Name Joanne Bouchard			
Street Address 990 Atwood Ave		Street Address 3 Stagecoach Rd			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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 Ronald Lamoureux		Director Name Oliver Reid			
Street Address 932 Park Ave		Street Address 35 Mountain Ave			
City Woonsocket	State RI	Zip 02919	City Riverside	State RI	Zip 02915
Director Name Zachary Farell		Director Name			
Street Address 10 Memorial Ave		Street Address			
City Johnston	State RI	Zip 02919	City	State	Zip
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

JAN 11 2016

By HL 1658

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.

Melissa Patrone 12/9/2015
Signature of Officer or Authorized Representative Date

Melissa Patrone Secretary
Print or Type Name of Officer or Authorized Representative