



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 2016

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>29751</u>		2. Exact name of the Corporation <u>Stone Hill Parent Teacher Group</u>	
3. State of Incorporation <u>RI</u>	4. Corporate Address in RI - Street Address <u>21 Village Ave</u>		City <u>Cranston</u>
5. Foreign corporation. Enter principal office address		City	State
6. Brief description of the character of business conducted in Rhode Island <u>To aid in cultural + Educational Programs for the students at Stone Hill.</u>		Zip <u>02920</u>	
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Lillian Samayoa</u>		Vice-President Name <u>Lisa DiRaimo</u>	
Street Address <u>150 Marlow St.</u>		Street Address <u>19 Clark Ave</u>	
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>Cranston</u>
Secretary Name <u>Jennifer Maney</u>		Treasurer Name <u>Maria Maggiasco</u>	
Street Address <u>100 Pleasant Drive.</u>		Street Address <u>15 Pond View Road</u>	
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>Cranston</u>
8. 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>Lillian Samayoa</u>		Director Name <u>Lisa DiRaimo</u>	
Street Address <u>150 Marlow St.</u>		Street Address <u>19 Clark Ave</u>	
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>Cranston</u>
Director Name <u>Maria Maggiasco</u>		Director Name	
Street Address <u>15 Pond View Rd</u>		Street Address	
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	City
9. 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, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 20 2016

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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.

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer

Lillian Samayoa 6/17/2016
Lillian Samayoa
President