



**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:** 2016

**1. Corporate ID No.** 000506553

**2. Name of Corporation** Anna M. McCabe School PTO

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 100 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**

CHARITABLE AND EDUCATIONAL PURPOSES

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MELISSA HOGAN	4 ARROWHEAD TRAIL SMITHFIELD, RI 02917 USA
TREASURER	BROOKE ROSSI	5 BLACK HAWK TRAIL SMITHFIELD, RI 02917 USA
VICE PRESIDENT	HEIDI GELSOMINO	7 EISENHOWER DRIVE

		SMITHFIELD, RI 02917 USA
RECORDING SECRETARY	COREEN LINSAO	18 LAUREL HILL DR SMITHFIELD, RI 02917 USA
CORRESPONDING SECRETARY	JODIE SHIPPEE	40 AUSTIN AVE APT #104 GREENVILLE, RI 02828 USA
2ND VICE PRESIDENT	KERRI MURPHY	46 WILLIAMS ROAD SMITHFIELD, RI 02917 USA
DIRECTOR	KERRI MURPHY	46 WILLIAMS ROAD SMITHFIELD, RI 02917 USA
DIRECTOR	HEIDI GELSOMINO	7 EISENHOWER DRIVE SMITHFIELD, RI 02917 USA
DIRECTOR	MELISSA HOGAN	4 ARROWHEAD TRAIL 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**

JENNIFER LOMBARDO 100 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 28 Day of June, 2016 at 7:53:52 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 CORENE TIGGES  
Signature of Authorized Person

Form No. 631  
Revised 09/07