



**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. 000138689

2. Name of Corporation Alan Shawn Feinstein Middle School of Coventry PTSA, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 15 FOSTER DRIVE

City or Town: COVENTRY

State: RI

Zip: 02816

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 FACILITATE PARENT, TEACHER AND STUDENT INVOLVEMENT IN SCHOOL
ACTIVITIES AND TO ADVOCATE FOR ALL CHILDREN AND THE SCHOOL COMMUNITY

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	JESSIE GILBERT	37 PURITAN AVE COVENTRY, RI 02816 USA
TREASURER	PAMELA ANN PETRARCA	15 THOMPSON DRIVE COVENTRY, RI 02816 USA

SECRETARY	JENNIFER HAWLEY	42 SOUTH POND DR COVENTRY, RI 02816 USA
VICE PRESIDENT	MICHELE BERGANTINO	63 FIELDSTONE DR COVENTRY, RI 02816 USA
DIRECTOR	ARTHUR LISI	15 FOSTER DR COVENTRY, RI 02816 USA
DIRECTOR	STACY BROOKSHIRE	1 BROOKFIELD RD COVENTRY, RI 02816 USA
DIRECTOR	MARYLOU BETTEZ	15 FOSTER DR COVENTRY, RI 02816 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**

DR. MICHAEL ALMEIDA 15 FOSTER DRIVE COVENTRY , RI 02816

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

Signed this 2 Day of August, 2016 at 5:29:21 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 PAMELA PETRARCA
Signature of Authorized Person

Form No. 631
Revised 09/07

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