



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 2017

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. 29751		2. Exact name of the Corporation Stone Hill Parent Teacher Group	
3. State of Incorporation RI	4. Corporate Address in RI - Street Address 21 Village Ave	City Cranston	Zip 02920
5. Foreign corporation. Enter principal office address		City	State Zip
6. Brief description of the character of business conducted in Rhode Island To aid in cultural & educational programs for students at Stone Hill School			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Lisa Di Raimo		Vice-President Name Anna Cole	
Street Address 19 Clark Ave		Street Address 237 Lake Garden Dr	
City Cranston	State RI	Zip 02920	City Cranston
Secretary Name Jennifer Mooney		Treasurer Name Maria Maggialomo	
Street Address 100 Pheasant Dr		Street Address 15 Pond View Rd	
City Cranston	State RI	Zip 02920	City Cranston
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 Lisa Di Raimo		Director Name Anna Cole	
Street Address 19 Clark Ave		Street Address 237 Lake Garden Dr	
City Cranston	State RI	Zip 02920	City Cranston
Director Name Maria Maggialomo		Director Name	
Street Address 15 Pond View Rd		Street Address	
City Cranston	State RI	Zip 02920	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 05 2017

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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

Maria Maggialomo 5/25/17
Maria Maggialomo
Treasurer