**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. | 2. Exact name of the Corporation | | |
|---|---|---|---|
| 29751 | 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)** ☐

| President Name | Vice-President Name |
|---|---|
| Lisa DiRaimo | Anna Cole |
| Street Address 19 Clark Ave | Street Address 237 Lake Garden Dr. |
| City Cranston State RI Zip 02920 | City Cranston State RI Zip 02920 |
| Secretary Name Jennifer Mooney | Treasurer Name Maria Maggiacomo |
| Street Address 100 Pheasant Dr. | Street Address 15 Pond View Rd |
| City Cranston State RI Zip 02920 | City Cranston State RI Zip 02920 |

**8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)** ☐

| Director Name | Director Name |
|---|---|
| Lisa DiRaimo | Anna Cole |
| Street Address 19 Clark Ave | Street Address 237 Lake Garden Dr. |
| City Cranston State RI Zip 02920 | City Cranston State RI Zip 02920 |
| Director Name Maria Maggiacomo | Director Name |
| Street Address 15 Pond View Rd | Street Address |
| City Cranston State RI Zip 02920 | City State Zip |

**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
BY 1069

**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.**

Maria Maggiacomo 5/25/17
Signature of Officer Date

Maria Maggiacomo
Print or Type Name of Officer

Treasurer
Title of Officer