



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <u>000075177</u>	2. Exact name of the Corporation <u>Johnston School Music Association</u>		
3. State of Incorporation <u>RI</u>	5. Brief description of the character of business conducted in Rhode Island <u>To aid in the improvement of the music program and to work and assist the music directors.</u>		
4. NAICS Code <u>51</u>			

6. Principal Office Address <u>10 Memorial Ave.</u>	City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>
--	-------------------------	--------------------	---------------------

7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Pamela Oliveira</u>		Vice-President Name <u>Lori Agnew</u>	
Street Address <u>1137 Plainfield St.</u>		Street Address <u>11 Susan Circle</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	Zip <u>02919</u>
Secretary Name <u>Melissa Patrone</u>		Treasurer Name <u>Joanne Bouchard</u>	
Street Address <u>990 Atwood Ave.</u>		Street Address <u>3 Stagecoach Rd.</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	Zip <u>02919</u>

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Ronald Lamoureux</u>		Director Name <u>Oliver Reid</u>	
Street Address <u>932 Park Ave.</u>		Street Address <u>35 Mountain Ave.</u>	
City <u>Woonsocket</u>	State <u>RI</u>	City <u>Riverside</u>	Zip <u>02915</u>
Director Name <u>MATTHEW GINGRAS</u>		Director Name	
Street Address <u>109 KNOLLWOOD AVE.</u>		Street Address	
City <u>CRANSTON</u>	State <u>RI</u>	City	Zip

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.
 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.
 This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative <u>JOANNE BOUCHARD, TREASURER JSMA</u>	Date <u>6-4-17</u>
Signature of Officer/Authorized Representative <u>Joanne Bouchard</u>	

FILED
 JUN 15 2017
 BY 1745

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov