



Department of State - Business Services Division

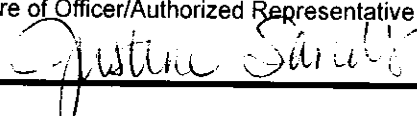
Annual Report for the year: **2017**

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 1664607		2. Exact name of the Corporation RC LAPERCHE PTA			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island LOCAL PTA PROVIDING SUPPORT AND SERVICES TO THE SCHOOL COMMUNITY			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 11 LIMEROCK ROAD		City SMITHFIELD	State RI	Zip 02917	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name JAMIE DILORENZO			Vice-President Name JUSTINE SANDS		
Street Address 20 WHIPPLE ROAD			Street Address 90 RIDGE ROAD		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Secretary Name KERRI MCMAHON			Treasurer Name ARIANA MICHAUD		
Street Address 203 RIDGE ROAD			Street Address 130 ROCKY HILL ROAD		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name JOANNA STEPKA			Director Name JULIE DORSEY		
Street Address 33 CREST CIRCLE			Street Address 278 STILLWATER DR.		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Director Name SANDRA BAZINET			Director Name		
Street Address 11 LIMEROCK ROAD			Street Address		
City SMITHFIELD	State RI	Zip 02917	City	State	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative JUSTINE SANDS				Date 6/16/17	
Signature of Officer/Authorized Representative 					

FILED**JUN 19 2017****BY****154305**