State of Rhode Island and Providence Plantations RI SOS Filing Number: 20174583830 Date: 6/19/2017 4:00:00 PM

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	2. Exact name of the Corporation
1664607	**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	City	State	Zip
11 LIMEROCK ROAD	**SMITHFIELD**	**RI**	**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 **029117**	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.

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	Date
JUSTINE SANDS	**6/16/17**

Signature of Officer/Authorized Representative: Justine Sands

FILED
JUN 19 2017
BY 1543DS

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

FORM 631 - Revised: 05/2017