



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2017

**1. Corporate ID No.** 000070311

**2. Name of Corporation** The Smithfield High School Parent Council

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

611110

**4. Corporate Address in Rhode Island**

No. and Street: 90 PLEASANT VIEW AVENUE

City or Town: SMITHFIELD

State: RI Zip: 02917 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

PROMOTION OF COMMUNICATION BETWEEN PARENTS AND THE SMITHFIELD HIGH SCHOOL, A NEWSLETTER.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	DEBBIE FREZZA	20 TWIN RIVER RD SMITHFIELD, RI 02917 USA
TREASURER	CAROLYN G STEVENS	37 MACARTHUR DR SMITHFIELD, RI 02917 USA
SECRETARY	BARBARA HEBERT	90 PLEASANT VIEW AVE SMITHFIELD, RI 02917 USA
ASSISTANT SECRETARY	MARY ERBE	9 PATRICIA CIRCLE SMITHFIELDQ, RI 02917 USA
VICE PRESIDENT	SHANYN TURNER	133 FARNUM PIKE SMITHFIELD, RI 02917 USA
DIRECTOR	DOREEN SANDERSON	7 LANTERN RD SMITHFIELD, RI 02817 USA
DIRECTOR	LINDA HICKEY	2 SOPHIA LANE GREENVILLE, RI 02917 USA
DIRECTOR	SUSAN M ESPOSITO	66 STILLWATER ROAD SMITHFIELD, RI 02917 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ADELE CABRAL 90 PLEASANT VIEW AVENUE SMITHFIELD , RI 02917

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 20 Day of July, 2017 at 10:12:08 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By CAROLYN STEVENS  
Signature of Authorized Person

Form No. 631  
Revised 09/07