



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

Annual Report for the year  
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.

\$45.00 PAID CK# 411  
(#20- Filing Fee + \$25- Penalty b/c see)  
BANK Newport by PHSO

1. Entity ID Number 000485494		2. Exact name of the Corporation Parents Helping Students Organization	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island A parent run non-profit that raises funds for Portsmouth High School's students, awards, senior projects, bookawards, etc...	
4. NAICS Code 813319			
6. Principal Office Address 120 EDUCATION LANE		City PORTSMOUTH	State RI
		Zip 02871	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Becky Armin		Vice-President Name Caroline Dooley	
Street Address 120 Education Lane		Street Address 120 Education Lane	
City Portsmouth	State RI	City Portsmouth	State RI
Zip 02871		Zip 02871	
Secretary Name Jennifer Amaio		Treasurer Name Christine McNally	
Street Address 120 Education Lane		Street Address 120 Education Lane	
City Portsmouth	State RI	City Portsmouth	State RI
Zip 02871		Zip 02871	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>			
Director Name Becky Armin		Director Name Christine McNally	
Street Address 120 Education Lane		Street Address 120 Education Lane	
City Portsmouth	State RI	City Portsmouth	State RI
Zip 02871		Zip 02871	
Director Name Jennifer Amaio		Director Name Caroline Dooley	
Street Address 120 Education Lane		Street Address 120 Education Lane	
City Portsmouth	State RI	City Portsmouth	State RI
Zip 02871		Zip 02871	
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 Christine McNally			Date 3-2-18
Signature of Officer/Authorized Representative 			

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov

FILED

MAR 26 2018

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