FILED

MAY 29 2018

BY 1138

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No. 29751	2. Exact name of the Corporation: Stone Hill Parent Teacher Group			
3. State of Incorporation: RI	4. Corporate Address in RI - Street Address: 21 Village Ave	City: Cranston		Zip: 02920
5. Foreign corporation. Enter principal office address (813410)		City	State	Zip
6. Brief description of the character of business conducted in Rhode Island: to aid in cultural & educational programs for Students @ Stone Hill School				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: Lynda Aul			Vice-President Name: Anna Cole		
Street Address: 65 Traymore St.			Street Address: 237 Lake Garden Dr.		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920
Secretary Name: Ken Beatty			Treasurer Name: Maria Maggiacomo		
Street Address: 93 Clark Ave			Street Address: 15 Pond View Rd		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name: Lynda Aul			Director Name: Anna Cole		
Street Address: 65 Traymore St.			Street Address: 237 Lake Garden Dr.		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920
Director Name: Ken Beatty			Director Name		
Street Address: 93 Clark Ave			Street Address		
City: Cranston	State: RI	Zip: 02920	City	State	Zip

9. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

Maria Maggiacomo 5/23/18
Signature of Officer Date

Maria Maggiacomo
Print or Type Name of Officer

Treasurer
Title of Officer

File Date ____________

Check No ____________

By: ____________

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