



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.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2018 SEP 11 AM 11:47

1. Entity ID Number 000793857		2. Exact name of the Corporation JHS PTSO	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Johnson High School PTSO	
4. NAICS Code 813110			
6. Principal Office Address 345 Cheywell Rd		City Johnson	State RI
		Zip 02914	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Melissa Patrone		Vice-President Name Tami Messier	
Street Address 940 Atwood Ave		Street Address 345 Cheywell Rd	
City Johnson	State RI	City Johnson	State RI
Zip 02914		Zip 02914	
Secretary Name Debi McHale		Treasurer Name John Capen	
Street Address 940 Atwood Ave		Street Address 20 Sussex Circle	
City Johnson	State RI	City Johnson	State RI
Zip 02914		Zip 02914	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Donna Pennacchia		Director Name Michael Mancini	
Street Address 345 Cheywell Rd		Street Address 345 Cheywell Rd	
City Johnson	State RI	City Johnson	State RI
Zip 02914		Zip 02914	
Director Name Carmel Underwood		Director Name	
Street Address 345 Cheywell Rd		Street Address	
City Johnson	State RI	City	State
Zip 02914		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
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 Melissa M Patrone			Date 7/15/2018
Signature of Officer/Authorized Representative Melissa M Patrone			FILED

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

SEP 11 2018

BY K L KAEVP

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FORM 631 - Revised: 11/2017