

**FILED**

JUN 06 2019



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

BY

1264  
2019**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

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 (6118)		City	State RI
6. Brief description of the character of business conducted in Rhode Island To aid in cultural & educational programs for students at school			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name Lynda Aul		Vice-President Name Anna Cole	
Street Address 43 Traymore St		Street Address 237 Lake Garden Dr.	
City Cranston	State RI	City Cranston	Zip 02920
Secretary Name Amanda Paquette		Treasurer Name Maria Maggialom	
Street Address 100 Elena St Apt 204		Street Address 15 Pond View Rd	
City Cranston	State RI	City Cranston	Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Lynda Aul		Director Name Anna Cole	
Street Address 43 Traymore St		Street Address 237 Lake Garden Dr.	
City Cranston	State RI	City Cranston	Zip 02920
Director Name Maria Maggialom		Director Name	
Street Address 15 Pond View Rd		Street Address	
City Cranston	State RI	City	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

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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 Maggialom

Signature of Officer

Date

Maria Maggialom

Print or Type Name of Officer

Treasurer

Title of Officer