



**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: 2019

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: 37 MACARTHUR DRIVE

City or Town: SMITHFIELD State: RI Zip: 02917 Country: UNI

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	AMY WILSON	15 RIDGE RD SMITHFIELD, RI 02917 USA
TREASURER	CAROLYN G STEVENS	37 MACARTHUR DR SMITHFIELD, RI 02917 USA
SECRETARY	CHRISSY CONLIN	12 LAKEWOOD DR GREENVILLE, RI 02828 USA
MEMBERSHIP SECRETARY	ALI TEDESCHI	20 SOPHIA LANE GREENVILLE, RI 02917 USA
OTHER OFFICER	CAROLYN STEVENS	37 MACARTHUR DRIVE SMITHFIELD, RI 02917
VICE PRESIDENT	BECKY CARMOSINO	6 COTTONWOOD CT. 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 25 Day of June, 2019 at 6:25:17 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 CGSTEVENS
Signature of Authorized Person

Form No. 631
Revised 09/07