



**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. 000119956

2. Name of Corporation Portsmouth Public Education Foundation

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

813211

4. Corporate Address in Rhode Island

No. and Street: PO BOX 58
City or Town: PORTSMOUTH State: RI Zip: 02871 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:
City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO IMPROVE, PROMOTE, SPONSOR AND ENHANCE THE QUALITY OF THE
EDUCATIONAL EXPERIENCE FOR PUBLIC SCHOOL STUDENTS AND THEIR SCHOOL
COMMUNITIES WITHIN THE TOWN OF PORTSMOUTH, RI

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Incorporator is no longer applicable; please delete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	JENNIFER CONHEENY	91 APRIL LANE PORTSMOUTH, RI 02871 US
TREASURER	GLENN ZITKA	11 SCHAEFER DR. PORTSMOUTH, RI 02871 USA
SECRETARY	KERI BRANDARIZ	105 LILAC LANE PORTSMOUTH, RI 02871 USA
VICE PRESIDENT	JILL WATSON	57 RAYMOND DR. PORTSMOUTH, RI 02871 US
DIRECTOR	CHRISTINA CRAFT	178 HOMESTEAD LANE PORTSMOUTH, RI 02871 US
DIRECTOR	SARAH TOWNSEND	213 HOMESTEAD LANE PORTSMOUTH, RI 02871 US
DIRECTOR	KAREN ALEXANDER	130 LILAC LANE PORTSMOUTH, RI 02871 USA
DIRECTOR	JAMIE WITTEVEEN	71 APRIL LANE PORTSMOUTH, RI 02871 USA
DIRECTOR	NELIA ALMEIDA	21 LADEIRA AVE. PORTSMOUTH, RI 02871 USA
DIRECTOR	LORI DELEMOS	111 LILAC LANE PORTSMOUTH, RI 02871 USA
DIRECTOR	VICTORIA CABRAL	5 JOHNNYCAKE LANE PORTSMOUTH, RI 02871 US
DIRECTOR	KELLEY CORD	200 BRIARWOOD LANE PORTSMOUTH, RI 02871 US
DIRECTOR	BETH HEELAN	101 GREYSTONE PORTSMOUTH, RI 02871 US

**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**

CHRISTOPHER C. CASSARA, ESQ. PARTRIDGE SNOW & HAHN LLP 40 WESTMINSTER STREET,
SUITE 1100 PROVIDENCE , RI 02903

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 27 Day of June, 2019 at 10:34:52 AM 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 JENNIFER CONHEENY
Signature of Authorized Person

Revised 09/07

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