



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year:  
Non-Profit Corporation

2019

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

OCT 07 2019

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1. Entity ID Number 000193857		2. Exact name of the Corporation JHS PTSD	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Johnston High School PTSD	
4. NAICS Code 813110			
6. Principal Office Address 345 Cherry Hill Rd		City Johnston	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 Padone		Vice-President Name N/A	
Street Address 90 Atwood St		Street Address N/A	
City Johnston	State RI Zip 02914	City	State Zip
Secretary Name Deb McHale		Treasurer Name Jon Casnew	
Street Address 345 Cherry Hill Rd		Street Address 11 30 Sixth Circle	
City Johnston	State RI Zip 02914	City Johnston	State RI 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 Pennacchese		Director Name Michael Mancini	
Street Address 345 Cherry Hill Rd		Street Address 345 Cherry Hill Rd	
City Johnston	State RI Zip 02914	City Johnston	State RI Zip 02914
Director Name Denise Murrell		Director Name	
Street Address 345 Cherry Hill Rd		Street Address	
City Johnston	State RI Zip 02914	City	State Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
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 Padone		Date 8/27/2019	
Signature of Officer/Authorized Representative <i>Melissa Padone</i>		SIGN DOCUMENT HERE	