



Department of State - Business Services Division

Annual Report for the year: 2019
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.

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1. Entity ID Number 1688177		2. Exact name of the Corporation North Providence Pro Group	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Centredale Elementary and Stephen Olney Elementary Parent Teacher Organization	
4. NAICS Code 813410			
6. Principal Office Address 41 Angell Ave		City North Prov	State RI
		Zip 02911	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Amy Carroll		Vice-President Name Tammy LaMountain	
Street Address 37 Marigold Circle		Street Address 122 Dutchess Ave	
City North Prov	State RI	City North Providence	State RI
Zip 02904		Zip 02904	
Secretary Name Janine Napolitano		Treasurer Name	
Street Address 1378 Douglas Ave		Street Address	
City P. Providence	State RI	City	State
Zip 02904		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Amy Carroll		Director Name Tammy LaMountain	
Street Address 37 Marigold Circle		Street Address 122 Dutchess Ave	
City North Prov	State RI	City North Prov	State RI
Zip 02904		Zip 02904	
Director Name Donna Hamley		Director Name Janine Napolitano	
Street Address 41 Angell Ave		Street Address 1378 Douglas Ave	
City North Prov	State RI	City N Prov	State RI
Zip 02911		Zip 02904	
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Amy J. Canale			Date Jan. 17, 2020
Signature of Officer/Authorized Representative Amy J. Canale			SIGN DOCUMENT HERE FILED

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BY **TCWC**
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