



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020

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.

1. Entity ID Number 001690184		2. Exact name of the Corporation HENRY BARNARD SCHOOL PARENTS ASSOCIATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island SCHOOL PARENTS ASSOCIATION			
4. NAICS Code 813319 - Other Social Advocacy					
6. Principal Office Address 600 MT PLEASANT AVENUE		City PROVIDENCE		State RI	Zip 02908
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name SCOTT BROMBERG			Vice-President Name FRANK PREVITI		
Street Address 274 4TH STREET			Street Address 107 BOLTON AVENUE		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02908
Secretary Name BRIDGET EISENHART			Treasurer Name LIZA PINTO		
Street Address 34 GREATON STREET			Street Address 439 RIVER AVE		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02908
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 SCOTT BROMBERG			Director Name FRANK PREVITI		
Street Address 274 4TH STREET			Street Address 107 BOLTON AVENUE		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02908
Director Name LIZA PINTO			Director Name BRIDGET EISENHART		
Street Address 439 RIVER AVE			Street Address 34 GREATON STREET		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02906
9. The Registered Agent information of record with the RI Department of State is accurate. 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 FRANK PREVITI				Date 10/21/2020	
Signature of Officer/Authorized Representative 				FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 631 - Revised: 08/2020