



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

FEB 06 2024 STAMP
26000

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000505419		2. Exact name of the Corporation Parents & Teachers of Glen Hills School Organization, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Parent & teacher organization for elementary school.			
4. NAICS Code 611110					
6. Principal Office Address 50 Glen Hills Dr.			City Cranston	State RI	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kelley Moretta			Vice-President Name Michelle Mikiel		
Street Address 50 Glen Hills Dr.			Street Address 50 Glen Hills Dr.		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Kristina Cirulli			Treasurer Name Diana Sanginario		
Street Address 50 Glen Hills Dr.			Street Address 50 Glen Hills Dr.		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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 Same as above			Director Name Same as above		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name Same as above			Director Name Same as above		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.					
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 Diana Sanginario				Date 2-1-24	
Signature of Officer/Authorized Representative <i>Diana Sanginario</i>					

MAIL TO:
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