

Amended



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

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

STAMP
 REC'D RI
 APR 15 2024
 05:59

1. Entity ID Number 000505419		2. Exact name of the Corporation Parents and 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			
4. NAICS Code 61110					
6. Principal Office Address 50 Glen Hills Drive			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 Wikiel		
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 Cirillo			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 Kelley Moretta			Director Name Michelle Wikiel		
Street Address 50 Glen Hills Dr.			Street Address 50 Glen Hills Dr.		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name Kristina Cirillo			Director 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
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 Diana Sanginario				Date 4-10-24	
Signature of Officer/Authorized Representative <i>Diana Sanginario</i>					

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

FILED
APR 15 2024
BY ML



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

April 15, 2024 02:55 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

