

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

401.2

Filing Period: June 1 - June 30 • Filing Fee: \$20.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00

penalty fee of \$25.00.				
1. Corporate ID,No. 2. Name of Corporation 6 10 be	Park Sch	DOI PTA		
	Rhode Island - Street Address VENUE A		Woonsocket	02895
5. Foreign corporation. Enter principal office address	TOUTIAL TE	Ctty	State	ZΨ
6. Brief Description of the character of the affairs which are at To arganis activities		and for all	tuilles fe	n Alobe M
7. NAMES AND ADDRESSES OF THE OFFICER	S: ("X" BOX FOR AFTACH	MENT) 🗌 FILL IN SPACES BE	EFORE USING ATTACH	MENTS
President Name Elizabeth Remillard		Vice President Name Donna Marcotte		
Street Address 337 Bernon St.		Street Address 57 Bradford St.		
Woonsochet RI	02895	Woonsochut	State RI	02895
Secretary Name Herri Blais		Treasurer Name Denise Gyau		
Street Address 83 Alice Ave		Street Address 5. Main St.		
Woonsochet State RI	02895	Woonsochet	State RI	02895
8. NAMES AND ADDRESSES OF THE DIRECTO	RS: ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES B	EFORE USING ATTACH	MENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) COLDirector Name		CORPORATION SHALL NOT B Director Name	BE LESS THAN THREE	(3). R.I.G.L. 7-6-23
Elizabeth Remillard		Donna Marcotte		
street Address 337 Bernon St.		Street Address 57 Bradford St.		
Woonsocket State RI	02895	Woonsockit	State RI	02895
Director Plane K. Evri Blais		Director Name Denise Gray		
Street Address Alice Ave.		Street Address S. Ma	un St.	
WOONSOCKET RI 9. REGISTERED AGENT IN RHODE ISLAND	02895	Woonsochet	State RI	O3895
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78				
This report must be signed by either the President Vice President Secretary Assistant Secretary Transvers Bearing of Trustee				

FILED File Date	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.		
MAY 18 2009 Check No. By 3 39	Signature of Officer Date Denise J. Gray		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer Trlasurer Title of Officer		