

1. Corporate ID No. 56338 3. State of Incorporation

Amended 2009

A. Ralph Mollis, Secretary of State Corporations Division

Zip

148 W. River Street Providence, RI 02904-2615

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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.

5. Foreign corporation. Enter principal office address	City	State	Zip
6. Beral Description of the above to a fish off			
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island			
Parent teacher organization for	~ plementary	school	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name	Vice President Name		0 . 1. 1/
Street address	Street Address	inero -	Barkett
409 Laurel Hill Ave	212 Bruc	ken St	
Cranston state RI 210 02920	Cranston	State R 1	21p
secretary Name & Carthy	E112abeth	Buono	
sincer stations 300 hipple Ave	Street Address Laure	21 Hill	Ave
Crunton state RI 202920	Cranston	State P	24p () 2 G, 2 C
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Ennter L Bourasse	Director Name	(000	- Barkett
Street Address N. C. J. C. C. C. L.	Street Address		1 July Leve
City State O Zip	City 0	cren s)
Crunston KI Bacial	Cranston	State R1	2ip 03(13C)
Director Name Senn Ger Mr Carthy	Director Name	heth	Buono
Street Address	Street Address	(a) H	11 1/10
City State Zip	City	State 0	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Change	ges require filing of Form 6	RI	102920
Agent Name	Address	11/2/01/20 7-4	3.137 7.33-73
Address	Cir.	I	
	City	Zij	
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee			
	•	•	,
	** .		
FU FD	Under penalty of perju report, including any ac	ry, I declare and a companying scheme	affirm that I have examined this dules and statements, and that all
statements contained herein are true and correct.			
File Date SEP 08 2009 11/2 Vnniter Brusana 9/4/0			
Check No. B. Signature of Officer Date			
Check No. By	Jenni	ter 150	urassa-
Ву:	Print or Type Name of Q	fficer	
FOR SECRETARY OF STATE USE ONLY	Presio	tent	
- A SOCIAL OF STATE OF STATE	Title of Officer		Form 631 Rev. 12/06



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, 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:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

