

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 2009

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. | -0-94, tuen corporation ji | aning or rejuding to just the | unitada report within the vince pres | critical by man (1011-012). 7 | | |
|--|----------------------------|---|--------------------------------------|-------------------------------|---------------------|--|
| Corporate ID No. 2. Name of Corporation Payents and Central Teacher's (PACT) | | | | | | |
| 209.74 | Parents | s and cent | val Teacher's (| | 705 | |
| 3. State of Incorporation | م بمقد ا | bode Island - Street Address EAH ROACL | | Tuncoca | 82865 | |
| 5. Foreign corporation. Enter prin | | CON THOSE SO | City | State | Ζф | |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO Provide accounting environment to the Student body of CENTRAL ELEMENTARY SCHOOL. 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | | |
| President Name USA DUSTU | | | vice President Name Shayon Stager | | | |
| Street Address Logan Driva | | | Street Address 5 ROSEWOOD DY | | | |
| "Lincour" | State 2 | 02865 | LINCOLN | State R1 | 02865 | |
| Secretary Name 1+eather Smith | | | Treasurer Name Gileen Ormando | | | |
| Street Address 27 Jev | ikes Hil | 1 Road | Street Address Wester E | sutterfly N | Jay | |
| LINCOW | State 2 | 02865 | Lincan | State State | 02865 | |
| 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 | | | | | | |
| Director Name William | Skutt | | Mora US | a Aquic | ar | |
| Street Address 1081 Erro | eat Roa | 2 | Street Address Long | meadaw 1 | Rd | |
| uncon | State 2 | 02865 | uncou | State TZ4 | 02865 | |
| Director Name A DU | sty | - <u> </u> | Director Name | Strager | di | |
| Street Address LOGO | in Dr | | Street Address ROSEL | paad Dr | | |
| 9. REGISTERED AGENT IN | State | 0865 | Cury | Series (| ²⁴ 02865 | |
| 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, Treasurer, Receiver or Trustee | | | | | | |

| | Under penalty of perjury, I declare and affirm treport, including any accompanying schedules at | nd statements, and that all |
|---------------------------------|---|-----------------------------|
| O(1-100) | statements contained herein are true and correct. | / / |
| File Date 9/15/09 | Shyond Store | 9/1/09 |
| 1004 | Signature of Officer | / Date |
| Check No. | Sharon Stager | |
| By: | Print or Type Name of Officer | |
| FOR SECRETARY OF STATE USE ONLY | President | |
| FOR SECRETARY OF STATE USE ONLY | Title of Officer | |
| | | Form 631 Rev. 09/17 |