

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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.

1. Corporate ID No. 143247		2. Name of Corporation EDWARD S. RHODES PTA	
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 160 SHAW AVE	
		City CRAWSTON	Zip 02905
5. Foreign corporation. Enter principal office address		City	State Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Provide funding for ELEMAN ELEMENTARY School Activities and programs.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name ALISA Omert		Vice President Name Emily Grady	
Street Address 8 Harbor TERRACE		Street Address 4 Ferncrest AVE	
City CRAWSTON	State RI	Zip 02905	City CRAWSTON
			State RI
			Zip 02905
Secretary Name EVA LOEZOS		Treasurer Name LAURIE LAVEY	
Street Address 120 Ocean AVE		Street Address 11 MILTON AVE	
City CRAWSTON	State RI	Zip 02905	City CRAWSTON
			State RI
			Zip 02905
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 James Zanfini		Director Name Dawn Florenz	
Street Address 160 Shaw AVE		Street Address 160 Shaw AVE	
City CRAWSTON	State RI	Zip 02905	City CRAWSTON
			State RI
			Zip 02905
Director Name Rebecca Cox		Director Name NONE	
Street Address 135 MASSASOIT AVE		Street Address	
City CRAWSTON	State RI	Zip 02905	City
			State
			Zip
9. REGISTERED AGENT IN RHODE ISLAND			
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

FILED

File Date JUL 01 2011
 Check No. BY 3019
 By: _____
 FOR SECRETARY OF STATE USE ONLY

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.

Laurie Lavey 6/29/11
 Signature of Officer Date
LAURIE LAVEY
 Print or Type Name of Officer
TREASURER
 Title of Officer