State of Rhode Island and Providence Plantations Fee: \$20.00 Office of the Secretary of State
Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040
Non-Profit Corporation Annual Report Filing Period: June 1 - June 30
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.
ANNUAL REPORT YEAR: 2012
1. Corporate ID No. 000098931
2. Name of Corporation Stony Lane Parent-Teacher Organization
3. State of Incorporation
State: <u>RI</u>
4. Corporate Address in Rhode Island
No. and Street: 825 STONY LANE
City or Town: NORTH KINGSTOWN State: RI Zip: <u>02852</u> Country: USA
5. Foreign Corporation. Enter Principal Office Address
No. and Street:
City or Town: State: Zip: Country:
6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island
TO PLAN PROGRAMS THAT PROMOTE THE EDUCATIONAL, CULTURAL AND PHYSICAL
DEVELOPMENT OF CHILDREN ATTENDING STONY LANE.
7. Names and Addresses of the Officers and Directors:
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete
THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	SHEILA FRANK	66 DALE HILL DRIVE SAUNDERSTOWN, RI 02874 USA
TREASURER	ALISHA HARDING	50 MIDNIGHT COURT SAUNDERSTOWN, RI 02874 USA
SECRETARY	REBECCA MARGIN	54 PAMELA COURT NORTH KINGSTOWN, RI 02852 USA
VICE PRESIDENT	DYAN GRANT	57 DOUGLAS DRIVE SAUNDERSTOWN, RI 02874 USA
DIRECTOR	LYNN HALL	115 REGENT DRIVE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	JENNIFER BAIERLEIN	297 SYLVAN COURT SAUNDERSTOWN, RI 02874 USA
DIRECTOR	LORI MCGRADY	36 ASPEN COURT NORTH KINGSTOWN, RI 02852 USA
Changes Require Filing of F	ODE ISLAND - DO NOT ALTER Form 641 - R.I.G.L. 7-6-13 / 7-6 825 STONY LANE NORTH KIN	-78
). This report must be signed Secretary, Treasurer, Rece		President, Secretary, Assistant
•		lectronic signature of the individual or ttion or acknowledgement of the

Signature of Officer of the Corporation

___ President or ___ Vice President or ___ Secretary or ___ Assistant Secretary or

<u>**X**</u> Treasurer or <u>Receiver or</u> Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631 Revised 09/07

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