



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: June 1 - June 30 - This report must be typed or printed legibly.

Filing Fee: \$20.00 - FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 30364		2. Exact name of the Corporation William Winsor Parent Teacher Organization			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island PTO events including fundraising for the William Winsor Elementary School. Parents and Faculty working together to enhance the school environment and community.			
5. Principal office address 562 Putnam Pike			City Greenville	State RI	Zip 02828
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jennifer McKell			Vice-President Name Rosann Maneca / Laurie Ratigan		
Street Address 562 Putnam Pike			Street Address 562 Putnam Pike		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name Tracey Morel			Treasurer Name Colleen Kennedy		
Street Address 562 Putnam Pike			Street Address 562 Putnam Pike		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Jennifer McKell			Director Name Laurie Ratigan		
Street Address 562 Putnam Pike			Street Address 562 Putnam Pike		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Director Name Rosann Maneca			Director Name		
Street Address 562 Putnam Pike			Street Address		
City Greenville	State RI	Zip 02828	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

JUN 21 2012

File Date _____

Check No _____

By: _____

By *mmr*
CR # 3365

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.

Jennifer McKell *6/17/12*
 Signature of Officer Date

Jennifer McKell

Print or Type Name of Officer

President

Title of Officer