



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. 532071		2. Exact name of the Corporation Saylesville Elementary School PTO			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To support the education of the children attending Saylesville Elementary School by fostering relationships among the school, parents and teachers.			
5. Principal office address 50 Woodland Street			City Lincoln	State RI	Zip 02865
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Bess Carvalho			Vice-President Name Sandra Brunelle		
Street Address 25 Franklin Street			Street Address 15 Lakeview Drive		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Allison Oliver			Treasurer Name Roberta Gosselin		
Street Address 4 Cobble Hill Road			Street Address 71 Progress Street		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
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 Bess Carvalho			Director Name Sandra Brunelle		
Street Address 25 Franklin Street			Street Address 15 Lakeview Drive		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Director Name Allison Oliver			Director Name Roberta Gosselin		
Street Address 4 Cobble Hill Road			Street Address 71 Progress Street		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
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

JUL 02 2012 12:25

File Date _____ By 174098

Check No _____ KMC

By: _____ 25 JUL - 2 PM 12:25

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.

Roberta E. Gosselin 6/29/12
 Signature of Officer Date

Roberta E. Gosselin

Print or Type Name of Officer

Treasurer

Title of Officer

SECRETARY OF STATE
 DIVISION OF BUSINESS SERVICES
 RECEIVED