



**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.<br><b>485798</b>  |                    | 2. Exact name of the Corporation<br><b>Lonsdale Parents &amp; Teachers</b>  |   |                     |                     |
| 3. State of Incorporation<br><b>RI</b>   |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Parent and Teacher organization</b> |   |                     |                     |
| 5. Principal office address<br><b>270 River Road</b>   |                    | City<br><b>Lincoln</b>  | State<br><b>RI</b>                              | Zip<br><b>02865</b> |                     |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |   |   |                     |                     |
| President Name<br><b>Emily Garthee</b>   |                    |   | Vice-President Name<br><b>Jennifer Surmeian</b> |                     |                     |
| Street Address<br><b>14 West St</b>  |                    |   | Street Address<br><b>4 Barbara's Way</b>        |                     |                     |
| City<br><b>Lincoln</b>   | State<br><b>RI</b> | Zip<br><b>02865</b>   | City<br><b>Lincoln</b>                          | State<br><b>RI</b>  | Zip<br><b>02865</b> |
| Secretary Name<br><b>Lara Lee Laprade</b>  |                    |   | Treasurer Name<br><b>Kristin Kennedy</b>        |                     |                     |
| Street Address<br><b>11 Arlington Ave</b>  |                    |   | Street Address<br><b>11 Maria St</b>            |                     |                     |
| City<br><b>Lincoln</b>   | State<br><b>RI</b> | Zip<br><b>02865</b>   | City<br><b>Lincoln</b>                          | State<br><b>RI</b>  | Zip<br><b>02865</b> |
| 7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |   |   |                     |                     |
| Director Name<br><b>Robin Carney</b>   |                    |   | Director Name<br><b>Amy Degnan</b>              |                     |                     |
| Street Address<br><b>17 Andrews Drive</b>  |                    |   | Street Address<br><b>17 Vista Drive</b>         |                     |                     |
| City<br><b>Lincoln</b>   | State<br><b>RI</b> | Zip<br><b>02865</b>   | City<br><b>Lincoln</b>                          | State<br><b>RI</b>  | Zip<br><b>02865</b> |
| Director Name<br><b>Michelle Labossiere</b>  |                    |   | Director Name                                   |                     |                     |
| Street Address<br><b>16 Maplehurst St</b>  |                    |   | Street Address                                  |                     |                     |
| City<br><b>Lincoln</b>   | State<br><b>RI</b> | Zip<br><b>02865</b>   | 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*

2012 AUG - 2 2:25  
 SECRETARY OF STATE  
 CORPORATIONS DIV

**FILED**

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**AUG 31 2012**

By 1274

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.

Signature of Officer \_\_\_\_\_ Date **6/30/12**

**Kristin Kennedy**

Print or Type Name of Officer

**Treasurer**

Title of Officer

**FOR SECRETARY OF STATE USE ONLY**