RI SOS Filing Number: 201299275320 Date: 10/12/2012 4:00 PM

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.	2. Exact name of the Corporation
142537	E. G. Whitehaet School P.T.A.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	School PTA Title 1-60

5. Principal office address	City	State	Zip
261 Grosvenor Ave	East Providence	RI	02914

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Judy Lopes	Melissa Smith
Street Address: 70 Kensington St.	Street Address: 72 N. County St.
City: E. Prov. State: RI Zip: 02914	City: E. Prov. State: RI Zip: 02914
Secretary Name: Natalia Cordeiro	Treasurer Name:
Street Address: 1170 South Broadway	Street Address:
City: E. Prov. State: RI Zip: 02914	City: State: Zip:

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Judy Lopes	Melissa Smith
Street Address: 70 Kensington St	Street Address: 72 N. County St.
City: E. Prov. State: RI Zip: 02914	City: E. Prov. State: RI Zip: 02914
Director Name: Nadine Lima	Director Name: Natalia Cordeiro
Street Address: 261 Grosvenor Ave	Street Address: 1170 South Broadway
City: E. Prov. State: RI Zip: 02914	City: E. Prov. State: RI Zip: 02914

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

OCT 12 2012

BY 180936

10153

Form No. 631
Revised: 05/2012

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.

Judy Lopes 10-2-12
Signature of Officer Date

Judy Lopes
Print or Type Name of Officer

President
Title of Officer

83636-2-768670