RI SOS Filing Number: 201299275960 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 2010

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. White Knact 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 1-6

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

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

President Name	Vice-President Name
Melissa Perry	
Street Address: 50 Reynolds Street	Street Address:
City: East Prov. State: RI Zip: 02914	City: State: Zip:
Secretary Name: Melissa Smith	Treasurer Name: Judy Lopes
Street Address: 72 N. County Street	Street Address: 70 Kensington St.
City: East Prov. State: RI Zip: 02914	City: East Prov. State: RI Zip: 02914

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
Melissa Perry	Melissa Smith
Street Address: 50 Reynolds Street	Street Address: 72 N. County Street
City: East Prov. State: RI Zip: 02914	City: East Prov. State: RI Zip: 02914
Director Name: Nadine Lima	Director Name: Judy Lopes
Street Address: 261 Grosvenor Avenue	Street Address: 70 Kensington Street
City: E. Prov State: RI Zip: 02914	City: East 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

10:53

Form No. 631
Revised: 05/2012

83636-5-768673

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

Treasurer
Title of Officer

OCT 12 AM 10:52