



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 2013

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. 672819		2. Exact name of the Corporation Warwick Council, P.T.A.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Local PTA			
5. Principal office address 34 Warwick Lake Avenue			City Warwick	State RI	Zip 02888
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Amie Galipeau			Vice-President Name Stephanie Van Patten		
Street Address 70 Cactus St			Street Address 15 River Vue Ave		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02889
Secretary Name Laura Testa			Treasurer Name Scott Lajoie		
Street Address 1107 Narragansett Parkway			Street Address 190 Country Club Drive		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
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 Amie Galipeau			Director Name Stephanie Van Patten		
Street Address 70 Cactus Street			Street Address 15 River Vue Ave		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02889
Director Name Laura Testa			Director Name Scott Lajoie		
Street Address 1107 Narragansett Parkway			Street Address 190 Country Club Drive		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
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

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.

MAY 21 2013

5/15/13

BY HL

Signature of Officer

Date

Scott Lajoie

Print or Type Name of Officer

Treasurer

Title of Officer

File Date _____
 Check No _____
 By: _____
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