

State of Rhode Island and Providence Plantations Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

| LOGOUT |

Fee: \$20.00

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

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In accordance with R.I.G.L. 7-6-94, each corporation failers or reliasing to file its annual report within the time prescribed by law (R.i.G.L. 7.6-91) is subject to a penelty fee of \$25.00.

Helphalia this lora-

ANNUAL REPORT YEAR: 2013

- 000118884 1. Corporate ID No.
- 2. Name of Corporation Hampden Meadows School Parent Teacher Organization
- 3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 297 NEW MEADOW ROAD

City or Town:

BARRINGTON

State: RI Zip: 02806

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town:

State:

Zip:

Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

ENHANCING THE SCHOOL EXPERIENCE FOR HAMPDEN MEADOWS SCHOOL STUDENTS THROUGH VARIOUS ACTIVITIES AND SUPPORTING THE SCHOOL STAFF THROUGH VARIOUS VOLUNTEER EFFORTS.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

TREASURER EMILY LEFEBVRE BARRINGTON, RI 02806 USA DIRECTOR DEE O HAYRE 297 NEW MEADOW RD BARRINGTON, RI 02806 USA 14 Illis Ave Barrington, RI 02806 USA 14 Illis Ave Barrington, RI 02806 USA Assistant Secretary Susan Kostas 16 Hentage Rd Barrington, RI 02806 USA Assistant Secretary Country Barrington, RI 02806 USA Select From Below Title: First Name: Middle Name: Last Name: Suffix: Address: City: State: Zip: Country: Clear A 8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78 ARLENE MIGUEL 297 NEW MEADOW ROAD BARRINGTON, RI 02806 9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee. Filer's Contact Information (Enter a contact name, mailing address and email.) Contact Name: Emily Lefebvre Business Name: Hampden Meadows PTO No. and Street: 10 Virginia Rd - Same Address as - City or Town: Barrington State: RI Zip: 02806 Country: USA Contact Phone: 401-368-1393 ext:	Delete	Title	Individual Nar First, Middle, Last, S			dress State, Zip Code, Country	
DIRECTOR DEE O HAYRE DIRECTOR DEE O HAYRE DIRECTOR President President Bindu Mallick Director Assistant Secretary Susan Kostas To Hentrage Rd Barrington, Ri 02306 USA 14 lilis Ave Barrington, Ri 02306 USA 15 Hentrage Rd Barrington, Ri 02306 USA To Barrington, Ri 02306 USA Select From Below Tide: First Name: Middle Name: Last Name: Suffix: City: State: Zip: Country: Clear Address: City: State: State: President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee. Filler's Contact Information (Enter a contact name: mailing address and email.) Contact Name: Emily Lefebvre Business Name: Hampden Meadows PTO No. and Street: 10 Virginia Rd - Same Address as - City or Town: Barrington State: City or Town: Barrington State: City or Town: Barrington Contact Phone: 401-368-1393 ext: Contact Email: Emily Jefebvre@gmail.com Please provide an email address to receive an expedited response from us if the filling is rejected for any reason. If no email address is provided, we will respond by mail. Signed this 8 Day of July, 2013 at 10:34:11 AM. This electronic signature of the individual of individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument instrument instrument or state individuals act and deed or the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6. FILED By Charles USA	Donate	TREASURER			297 NEW MEADOW RD		
President Bindu Mallick 14 lilis Ave Barrington, RI 02806 USA Assistant Secretary Susan Kostas 16 Heritage Rd Barrington, RI 02806 USA Assistant Secretary Susan Kostas 16 Heritage Rd Barrington, RI 02806 USA Reri Payne 6 Alfred Dr Barrington, RI 02806 USA Select From Below Title: First Name: Middle Name: Last Name: Suffix: Address: City: State: Zip: Country. Clear A 8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filling of Form 641 - R.I.G.L. 7-6-13 / 7-6-78 ARLENE MIGUEL 297 NEW MEADOW ROAD BARRINGTON, RI 02806 9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee. Filer's Contact Information (Enter a contact name, mailing address and email.) Contact Name: Emily Lefebvre Business Name: Hampden Meadows PTO No. and Street: 10 Virginia Rd - Same Address as - City or Town: Barrington State: RI Zip: 02806 Country: USA Contact Phone: 401-368-1393 ext: Contact Email: Emily Lefebvre@gmail.com Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail. Signed this 8 Day of July, 2013 at 10:34:11 AM. This electronic signature of the individual of individual's signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individuals are and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6. FILED By Children Barrington Susanting Susanting Susanting Susanting Contact Page 12 and deed or the electronic filing, in compliance with R.I. Gen. Laws § 7-6.		DIRECTOR	DEE O HAYRE		-#" -		
Assistant Secretary Assistant Secretary Susan Kostas Barrington, RI 02966 USA Kerri Payne Barrington, RI 02966 USA Select From Below Title: First Name: Middle Name: Last Name: Middle Name: Last Name: State: City: State: Zip: Country: Clear Address: City: State: Zip: Country: Clear A 8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78 ARLENE MIGUEL 297 NEW MEADOW ROAD BARRINGTON . RI 02806 9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee. Filer's Contact Information (Enter a contact name, mailing address and email.) Contact Name: Emily Lefebvre Business Name: Hampden Meadows PTO No. and Street: 10 Virginia Rd - Same Address as - City or Town: Barrington State: RI Zip: 02806 Country: USA Contact Phone: 401-368-1393 ext: Contact Email: Emily j.lefebvre@gmail.com Please provide an email address to receive an expedited response from us if the filling is rejected for any reason. If no email address is provided, we will respond by mail. Signed this 8 Day of July, 2013 at 10:34:11 AM. This electronic signature of the individual or individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6. FILED By Charlet Payne Sunfactor Barrington Rid Pheriage Rd Barrington, RI 02806 USA Rater Payne Barrington, RI 02806 USA Rater Payne Barrington, RI 02806 USA Rater Payne Barrington, RI 02806 USA Suffix: Suffix: Suffix: Suffix:					BARRINGTON, RI 02806 USA		
Barrington, RI 02806 USA Director Valerie Williams Ratington, RI 02805 USA		President	Bindu Mailick		Barrington, RI 02806 USA		
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President or Vice President or Secretary or Assistant Secretary or	individue signatory act and c electroni By Signa	als signing this instrum y, under penalties of podeed of the corporation ic filing, in compliance ature of Officer of the	nent constitutes the erjury, that this instant, and that the fact with R.I. Gen. La	e affirma strument s stated , ws § 7-6	tion or acknowledge is that individual's c herein are true, as o	ement of the act and deed or the of the date of the FILED JUL 2 9 2013	