

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

Fee: \$20.00

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

[| LOGOUT |](#)**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

[Help with this form.](#)

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

ANNUAL REPORT YEAR: 2013**1. Corporate ID No.** 000118884**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 ROADCity or Town: BARRINGTONState: RI Zip: 02806Country: 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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

FILED

JUL 29 2013

BY

5901

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	TREASURER	EMILY LEFEBVRE	297 NEW MEADOW RD BARRINGTON, RI 02806 USA
<input type="checkbox"/>	DIRECTOR	DEE O HAYRE	297 NEW MEADOW RD BARRINGTON, RI 02806 USA
<input type="checkbox"/>	President	Bindu Mallick	14 Illis Ave Barrington, RI 02806 USA
<input type="checkbox"/>	Assistant Secretary	Susan Kostas	16 Heritage Rd Barrington, RI 02806 USA
<input type="checkbox"/>	Vice President Director	Kerri Payne	6 Alfred Dr Barrington, RI 02806 USA
<input type="checkbox"/>	Director	Valerie Williams	7 Belton Circle Barrington, RI 02806 USA

Select From Below

Title:

First Name:

Middle Name:

Last Name:

Suffix:

Address:

City:

State:

Zip:

Country:

Clear

Add

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

Clear

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 or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that 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.

By

Emily Lefebvre
 Signature of Officer of the Corporation

FILED

JUL 29 2013

BY ID 118884

☐ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or

☒ Treasurer