

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 #013

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 William Winsor Parent-Teacher Organization 000030364 3. State of Incorporation 4. Brief description of the character of business conducted in Rhode Island Elementary school parent teacher organization Rhode Island 5. Principal office address City State Zip • 02828 < 562 Putnam Pike Greenville RI 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) President Name Vice-President Name Jessica Robitaille Tracey Trudel Street Address Street Address 562 Putnam Pike 562 Putnam Pike City State Zip City State Zip Greenville RI 02828 Greenville RI 02828 Secretary Name Treasurer Name Lisa Orsillo **Cheryl McCreight** Street Address Street Address 562 Putnam Pike 562 Putnam Pike City State Zip City State Zip Greenville RI 02828 Greenville RΙ 02828 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 Laurie Ratigan آفضاره Street Address 562 Putnam Pike City State Zip ᢙᡐᡒᠷ Greenville RI 02828 Director Name Tracu Street Address Street Address City 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 ______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.

By: ______AUG 3 0 2013 Signature of Officer Date

FOR SECRETARY OF STATE USE ONL M 20485 Print or Type Name of Officer

Earn No. 631

Pervised. 35/2012

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.

Signature of Officer Date

Aurie Parigan

Print or Type Name of Officer

Title of Officer

Title of Officer

Addisional Officer

and vice President Principal Laurie Rossigan 562 Potnam Piky Greenville, RI ODER