



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 06/30/11

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. 51498		2. Exact name of the Corporation Northern Lincoln Elementary School Parent Teacher Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island The purpose of the PTA is for parents and teachers to work together to promote the welfare of children and youth in home, school, and community.			
5. Principal office address 315 New River Road		City Manville		State RI	Zip 02838s
<input type="checkbox"/> LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Brenda Cunningham		Vice-President Name Teresa Hayden			
Street Address 249 Old River Road		Street Address 18 Pine Grove Avenue			
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Jill Klitzner		Treasurer Name Renee Hanley			
Street Address 26 Kirkbrae Drive		Street Address 356 Old River Road			
City Lincoln	State RI	Zip 02865	City Manville	State RI	Zip 02838
<input type="checkbox"/> 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 Margaret Knowlton		Director Name Linda Cliff			
Street Address 315 New River Road		Street Address 315 New River Road			
City Manville	State RI	Zip 02838	City Manville	State RI	Zip 02838
Director Name Margaret Hughes		Director Name			
Street Address P.O. Box 492		Street Address			
City Slatersville	State RI	Zip 02876	City	State	Zip
<input type="checkbox"/> 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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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 **Brenda Darby Cunningham** Date **8/1/13**

Print or Type Name of Officer **Brenda Darby Cunningham**

Title of Officer **President**