

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

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.  The filing Fee: \$20.00 - FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.  The filing Fee: \$20.00 - FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.  The filing Fee: \$20.00 - FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.  The filing Fee: \$20.00 - FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.  The filing Fee: \$20.00 - FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.  The filing Fee: \$20.00 - FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.  The filing Fee: \$20.00 - FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.  The filing Fee: \$20.00 - FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.  The filing Fee: \$20.00 - FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.  The filing Fee: \$20.00 - FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.  The filing Fee: \$20.00 - FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.  The filing Fee: \$20.00 - FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.  The filing Fee: \$20.00 - FAILURE TO FILE THIS REPORT THE CONTROL TO	NON-DPOEIT		ATION ANNUA	I PEDART FO	D THE VEAD	06/30/11
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City State Zip Zip Zip Zistate Name Render Hanley  Street Address	DI	and youth it	e of the PTA is for parer bloome, school, and cor	nts and teachers to work	together to promote the	ne welfare of children
315 New River Road  □ LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)  President Name Brenda Cunningham  Street Address 3 Street Address 429 Old River Road  City State Zip City State City State Rene Hanley  Street Address 3 Street Address 4 Street Address 5 Street Address 5 Street Address 6 Old River Road  City State Zip Street Address  □ LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTOR:  □ City State Zip City State Zi	INI	, ,				<b>6</b>
□ LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) □ President Name Brenda Cunningham    Teresa Hayden	5. Principal office address 315 New River Road					Zip 02838s
Teresa Hayden		S AND ADDRE	SSES) ("X" BOX FOR AT	TACHMENT)	· · · · · · · · · · · · · · · · · · ·	
18 Pine Grove Avenue						
Lincoln RI 02865  Secretary Name Secretary Name Jill Kilizzner  Street Address 26 Kirkbrae Drive  Street Address 26 Kirkbrae Drive  Street Address 27 City State RI 02865  Lincoln RI 02865  Street Address 356 Old River Road  City Lincoln RI 02865  City Manville RI 02838  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 Linda Cliff Street Address 315 New River Road  City RI 02838  Street Address 315 New River Road  City RI 02838  Manville RI 02838  Manville RI 02838  Director Name Margaret Hughes  Street Address P.O. Box 492  City State RI 02876  Street Address P.O. Box 492  City State RI 02876  Linda Cliff RI Date  City State Address P.O. Box 492  City State RI 02876  Linda Cliff RI Date  City State Address P.O. Box 492  City State RI 02876  Linda Cliff RI Date  City State Address  File Date  Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements  Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements	249 Old River Road					
Secretary Name Jill Kiltzner  Street Address LLST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)  Director Name Margaret Knowlton  Director Name Linda Cliff Street Address P.O. Box 492  City State Street Address Street Address P.O. Box 492  City State State State State Street Address P.O. Box 492  City State	1 -			1 -		
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Director Name Margaret Knowlton  Street Address 315 New River Road  City Manville Director Name RI Director Name RI Director Name Naminum Margaret Road  State RI Director Name Manville Director Name Margaret Hughes  Street Address P.O. Box 492  City State RI Director Name Margaret Road  Street Address P.O. Box 492  City State RI Director Name  Street Address P.O. Box 492  City State RI Director Name  Margaret Hughes  Street Address P.O. Box 492  City State RI Director Name  Street Address P.O. Box 492  City State RI Director Name  Manville RI Director Name  Manville RI O2838  Director Name  Naminum RI O2838  Director Name RI O2838  Director Name  Naminum RI O2838  Director Name RI O2838  Director Nam	LIST ALL DIRECTORS (NAM	IES AND ADDR	ESSES). RHODE ISLAND	CORPORATIONS MUST	LIST NO LESS THAN T	HREE (3) DIRECTORS
315 New River Road  City Manville RI  O2838  Director Name Margaret Hughes  Street Address P.O. Box 492  City Slate RI  Zip O2838  Director Name  Street Address P.O. Box 492  City Slate RI  Zip O2876  City State RI  Zip City State RI  Zip O2876  City State Zip This information is currently of record in the Office of the Secretary of State. Changes require filling 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						
Manville RI 02838 Manville RI 02838  Director Name Margaret Hughes  Street Address P.O. Box 492  City State RI 02876  City State Zip City State Zip City State Zip 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.	Street Address 315 New River Road			- 11 -		
Margaret Hughes  Street Address P.O. Box 492  City State Zip City State Zip State V2p V2876  REGISTERED AGENT IN RHODE ISLAND  This information is currently of record in the Office of the Secretary of State. Changes require filling 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.	City Manville			1 -		
P.O. Box 492  City State Zip City State Zip  Slatersville RI 02876  City State Zip  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.	Director Name Margaret Hughes			Director Name		
Slatersville  RI 02876  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  Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements.	Street Address P.O. Box 492			Street Address		
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File Date this report, including any accompanying schedules and statement:	This report must be si	gned by either ti	he President, Vice-Preside	nt, Secretary, Assistant Sec	retary, Treasurer, Receiv	er or Trustee
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File Date this report, including any accompanying schedules and statements			FILED	Under penalty of periu	rv. I declare and affirm	that I have examined
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Check No SEP 1 2 2013 and that all statements contained herein are true and correct.	Check No		SEP 1 2 2013		101/2	rue and correct.
By:	Ву:	BY <u>_/</u>	N 203699	Signature of Officer		Date
FOR SECRETARY OF STATE USE ONLY  // 22  Brenda Darba Conninction  Print of Type Name of Office)	FOR SECRETARY OF STATE	USE ONLY	11:22	Print or Type Name of O	bor Connincyticu	<u>n</u>
	Form No. 631 Revised: 05/2012					