



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 06/30/10

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.

SEP 12 AM 11:16
 CORPORATIONS DIV

1. Entity ID No. 51498		2. Exact name of the Corporation Northern Lincoln Elementary PTA 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 02838	
<input type="checkbox"/> LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Lisa Santilli		Vice-President Name Jill Klitzner			
Street Address 15 Meader Pond Road		Street Address 26 Kirkbrae Drive			
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Megan Hughes Lind		Treasurer Name Margaret Hughes			
Street Address 19 Cross Street		Street Address P.O. Box 492			
City Manville	State RI	Zip 02838	City Slatersville	State RI	Zip 02876
<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 Linda Cliff		Director Name Kara Haddad			
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 Jen L'Esperance		Director Name			
Street Address 233 Old River Road		Street Address			
City Lincoln	State RI	Zip 02865	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

SEP 12 2013

BY 205699

11:21

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.

Megan Santilli 9/11/13
 Signature of Officer Date

Lisa Santilli
 Print or Type Name of Officer

President
 Title of Officer

File Date _____
 Check No _____
 By: _____

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