



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 6/30/07

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 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 Kathy Murphy			Vice-President Name Lisa Santilli		
Street Address 8 Rosemont Terrace			Street Address 15 Meader Pond Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Tracey D'Aloisio			Treasurer Name Julie LaBreche		
Street Address 13 Foxwood Drive			Street Address 15 Kennedy Boulevard		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
<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 Monique LaTessa		
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 Lynne Rosenthal			Director Name		
Street Address 16 Meadow Glen Drive			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 *m*

File Date _____

SEP 12 2013

Check No _____

By: _____

BY *cn 205699*
11:18

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.

Lisa Santilli 9/11/13
Signature of Officer Date

Lisa Santilli
Print or Type Name of Officer

Vice President
Title of Officer

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