



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 06/30/05

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.

2013 SEP 12 4:11:11 PM
 STATE OF RHODE ISLAND
 DIVISION OF BUSINESS SERVICES

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 Cyndi Fuchs			Vice-President Name Jean Mennucci		
Street Address 10 Lord Fox Run			Street Address 20 Joyce Anne Drive		
City Lincoln	State RI	Zip 02865	City Manville	State RI	Zip 02838
Secretary Name Alyson Lowry <i>Lowry@</i>			Treasurer Name Kim Mayo		
Street Address 15 Kirkbrae Drive			Street Address Brookside Drive		
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 Denise Maceroni		
Street Address 315 New River Road			Street Address 4 Rosemont Terrace		
City Manville	State RI	Zip 02838	City Lincoln	State RI	Zip 02865
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

File Date _____

SEP 12 2013

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.

Check No _____

BY *CU 205699*

Signature of Officer _____ Date *8/1/13*

By: _____

11:10

FOR SECRETARY OF STATE USE ONLY

CYNTHIA DE FUCHS
 Print or Type Name of Officer

President
 Title of Officer