



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. <u>98960</u>		2. Exact name of the Corporation <u>Primrose Hill School PTO</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>fund enrichment activities</u>			
5. Principal office address <u>60 Middle Highway</u>		City <u>Barrington</u>		State <u>RI</u>	Zip <u>02806</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
President Name <u>Elizabeth Henderson / Barb Celico</u>			Vice President Name <u>Karynn Pilipski</u>		
Street Address <u>Same</u>			Street Address <u>Same</u>		
City	State	Zip	City	State	Zip
Secretary Name <u>NONE</u>			Treasurer Name <u>David Lichtenstein</u>		
Street Address			Street Address <u>Same</u>		
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES), RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE ("X" BOX FOR ATTACHMENT) ☐					
Director Name <u>Cheryl Mincone</u>			Director Name <u>Barb Celico</u>		
Street Address <u>Same</u>			Street Address <u>Same</u>		
City	State	Zip	City	State	Zip
Director Name <u>Elizabeth Henderson</u>			Director Name <u>Karynn Pilipski</u>		
Street Address <u>Same</u>			Street Address <u>Same</u>		
City	State	Zip	City	State	Zip
8. 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, duly Authorized Representative, Receiver or Trustee

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.

FILED

JUN 13 2014

Signature of Officer or Authorized Representative

Date

Elizabeth Henderson
Print or Type Name of Officer or Authorized Representative

BY CH 226354
1:26