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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 2013

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.	2. Exact name of the Corporation
98960	Primrose Hill School PTO
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	fund enrichment activities

5. Principal office address	City	State	Zip
60 Middle Highway	Barrington	RI	02806

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Kerry Phillips/Elizabeth Henderson	Melissa Squires
Street Address: Same	Street Address: Same
City / State / Zip	City / State / Zip
Secretary Name	**Treasurer Name**
Julianne Murphy	Ritza Dulchinos-Marini
Street Address: Same	Street Address: Same
City / State / Zip	City / State / Zip

7. 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
Karen Whittet	Melissa Squires
Street Address: Same	Street Address: same
City / State / Zip	City / State / Zip
Director Name	**Director Name**
Kerry Phillips	Elizabeth Henderson
Street Address: Same	Street Address: same
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

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File Date _____
Check No _____
By _____
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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.

Elizabeth Henderson — 06/13/14
Signature of Officer or Authorized Representative — Date

Elizabeth Henderson
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

108210-4-930332