



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. 73897		2. Exact name of the Corporation Bristol Warren Parents Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To increase communication among parents, teachers, administration to foster understanding of educational issues.			
5. Principal office address 18 Corte Reale Dr		City Bristol		State RI	Zip 02809
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Lina Oliveira		Vice-President Name Anne Bulin			
Street Address 175 Schoolhouse Rd		Street Address 884 Main St			
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name		Treasurer Name Debora Lescault			
Street Address		Street Address 18 Corte Reale Dr			
City	State	Zip	City Bristol	State RI	Zip 02809
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Cheri Charpentier		Director Name Sally Deal			
Street Address 63 Duffield Rd		Street Address 60 Sherman Ave			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Jodi Mancieri		Director Name			
Street Address 67 Swams Dr		Street Address			
City Bristol	State RI	Zip 02809	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

FILED

JUN 18 2014

File Date

Check No

By:

BY

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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.

Debora L Lescault

Signature of Officer or Authorized Representative

6/11/14

Date

DEBORA L LESCAULT

Print or Type Name of Officer or Authorized Representative