



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2014

**1. Corporate ID No.** 000144235

**2. Name of Corporation** Washington Oak Elementary School PTA, Inc.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 801 READ SCHOOL HOUSE ROAD

City or Town: COVENTRY

State: RI Zip: 02816 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO PROMOTE THE WELFARE OF CHILDREN AND YOUTH IN HOME, SCHOOL,  
COMMUNITY AND PLACE OF WORSHIP

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23*

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MELISSA LIPA	34 WEST VIEW DR COVENTRY, RI 02816 USA
TREASURER	BRENDA RUSELL	847 READ SCHOOL HOUSE RD. COVENTRY, RI 02816 USA

TREASURER	PAMELA PETRARCA	15 THOMPSON DR COVENTRY, RI 02816 USA
DIRECTOR	JENNIE DEVOE	18 DRIFTWOOD DR COVENTRY, RI 02816 USA
DIRECTOR	CONNIE HARGREAVES	43 HOPE FURNACE RD COVENTRY, RI 02816 USA
DIRECTOR	DONALD COWART	801 READ SCHOOL HOUSE RD COVENTRY, RI 02816 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

DONNA RAPTAKIS 801 READ SCHOOL HOUSE ROAD COVENTRY , RI 02816-

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 30 Day of June, 2014 at 11:34:56 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By PAMELA PETRARCA  
Signature of Authorized Person

Form No. 631  
Revised 09/07