



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. 000030226

2. Name of Corporation Ponaganset Band Parents Organization, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 137 ANAN WADE ROAD

City or Town: NORTH SCITUATE

State: RI Zip: 02857 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

RAISING FUNDS FOR THE EXPENSES OF THE INSTRUMENTAL MUSIC PROGRAM AT PONAGANSET HIGH SCHOOL

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
PRESIDENT	NANCY MENDIZABAL	PO BOX 550 GREENVILLE, RI 02828 USA
VICE PRESIDENT	JAMIE GRISOM	364 CHOPMIST HILL RD GLOCESTER, RI 02857 USA

OFFICER	ANNE MATARESE	168 SANDY BROOK RD GLOCESTER, RI 02814 USA
DIRECTOR	ANNE MATARESE	168 SANDY BROOK RD GLOCESTER, RI 02814 USA
DIRECTOR	NANCY MENDIZABAL	PO BOX 550 GREENVILLE, RI 02828 USA
DIRECTOR	JAMIE GRISOM	364 CHOPMIST HILL RD GLOCESTER, RI 02857 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

DANIEL COYNE PONAGANSET HIGH SCHOOL 137 ANAN WADE ROAD NORTH SCITUATE , RI
02857

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

Signed this 2 Day of July, 2014 at 1:23:56 PM 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 ANNE MATARESE
Signature of Authorized Person

Form No. 631
Revised 09/07