



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. 000083031

2. Name of Corporation West Glocester Elementary School Community Organization

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 111 REYNOLDS ROAD

City or Town: CHEPACHET

State: RI Zip: 02814 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

EDUCATORS, PARENTS AND COMMUNITY VOLUNTEERS SUCH UNITED EFFORTS AS WILL SECURE EVERY CHILD THE HIGHEST EDUCATION ADVANTAGES IN ACADEMIC, EMOTIONAL AND SOCIAL GROWTH.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	LYNNE DIBIASE	55 TEABERRY DR CHEPACHET, RI 02814 USA
TREASURER	LISA BLACKMON	48 TEABERRY DR

		CHEPACHET, RI 02814 USA
SECRETARY	TERILYN COLALUCA	47 WOOD RD CHEPACHET, RI 02814 USA
VICE PRESIDENT	HEIDI CAIRO	759 CHESTNUT HILL ROAD CHEPACHET, RI 02814 USA
DIRECTOR	LYNNE DIBIASE	55 TEABERRY DR CHEPACHET, RI 02814 USA
DIRECTOR	HEIDI CAIRO	759 CHESTNUT HILL ROAD CHEPACHET, RI 02814 USA
DIRECTOR	LISA BLACKMON	48 TEABERRY DR CHEPACHET, RI 02814 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**

DR. LORRAINE BOWEN 111 REYNOLDS ROAD CHEPACHET , RI 02814

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

Signed this 8 Day of July, 2014 at 8:55:58 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 LISA BLACKMON
Signature of Authorized Person

Form No. 631
Revised 09/07

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