



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. 513889		2. Exact name of the Corporation Nathan Bishop Middle School Parent Teacher Organization			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To support the education of students at the Nathan Bishop Middle School by fostering relationships among the school, parents and teachers.			
5. Principal office address 101 Sessions St		City Providence		State RI	Zip 02906
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kimberley Rohm			Vice-President Name Carolyn Birnbaum		
Street Address 872 Hope St			Street Address 24 Summit Ave		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Beth Levow			Treasurer Name Karen Seiler		
Street Address 179 10th St			Street Address 75 Upton Ave		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Kimberley Rohm			Director Name Carolyn Birnbaum		
Street Address 872 Hope St			Street Address 24 Summit Ave		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name Beth Levow			Director Name Karen Seiler		
Street Address 179 10th St			Street Address 75 Upton Ave		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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

File Date _____

Check No _____

By: _____

JUL 08 2014

BY 283

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.

Carolyn Birnbaum 7/7/14
 Signature of Officer or Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

Karen Seiler Treasurer
 Print or Type Name of Officer or Authorized Representative

Nathan Bishop Middle School Parent Teacher Organization
CID #513889

2014 Annual Report

Additional Directors:

Karina Holyoak Wood
70 Ogden St
Providence, RI 02906

Cindy Gorriaran
c/o Nathan Bishop Middle School
101 Sessions St
Providence, RI 02906

FILED
JUL 08 2014
BY 513889