



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. 83270		2. Exact name of the Corporation John Wickes PTO			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Elementary School parent-teacher-organization. Providing supplies, activities + enrichment to students.			
5. Principal office address 50 Child Ln			City Warwick	State RI	Zip 02886
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jenna Tietze			Vice-President Name Jennifer Szewczyk		
Street Address 26 Galant Dr.			Street Address 80 Calderwood Dr		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Dori Adler			Treasurer Name Jennifer Snowman		
Street Address 144 North St			Street Address 42 Barber Ave		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Roy Costa			Director Name Jenna Tietze		
Street Address 50 Child Ln			Street Address 26 Galant Dr.		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name Jennifer Szewczyk			Director Name Michelle Haley		
Street Address 80 Calderwood Dr.			Street Address 32 Richfield St.		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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

JUL 17 2014

File Date _____

Check No _____

By: _____

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.

Jenna M Tietze 7/15/14
 Signature of Officer or Authorized Representative Date

Jenna M. Tietze
 Print or Type Name of Officer or Authorized Representative