

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. 000143827

2. Name of Corporation Globe Park School PTA

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: <u>192 AVENUE A</u>

City or Town: WOONSOCKET State: RI Zip: 02895 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 ORGANIZE AND RAISE FUNDS FOR CHILDREN'S ACTIVITIES AND EDUCATIONAL PROGRAMS THAT WILL DIRECTLY OR INDIRECTLY BENEFIT THE CHILDREN OF GLOBE PARK 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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	TINA GILBERT	136 ALICE AVE WOONSOCKET, RI 02895 USA
TREASURER	WANDA G LAFRENAYE	50 MONTYA AVE

		WOONSOCKET, RI 02895 USA
MEMBERSHIIP	NATASHA LAPLANTE	1409 MANVILLE RD WOONSOCKET, RI 02895 USA
DIRECTOR	TINA GILBERT	136 ALICE AVE WOONSOCKET, RI 02895 USA
DIRECTOR	WANDA LAFRENAYE	50 MONTY AVE WOONSOCKET, RI 02895 USA
DIRECTOR	NATASHA LAPLANTE	1409 MANVILLE RL WOONSOCKET, RI 02895 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

ROB DESROSIERS 192 AVENUE A WOONSOCKET, RI 02895

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

Signed this 10 Day of September, 2014 at 10:33:32 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 WANDA LAFRENAYE
Signature of Authorized Person

Form No. 631 Revised 09/07

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