



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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. <b>142537</b>		2. Exact name of the Corporation <b>E. G. WHITEKNACT SCHOOL P. T. A.</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>PUBLIC School PTA</b>			
5. Principal office address <b>261 GROSVENOR AVE</b>		City <b>E PROV</b>	State <b>RI</b>	Zip <b>02914</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Deborah Bairos</b>		Vice-President Name <b>CHRISTINE ROSSI</b>			
Street Address <b>435 Waterman Ave</b>		Street Address <b>29 WOODBINE ST</b>			
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>E PROV</b>	State <b>RI</b>	Zip <b>02915</b>
Secretary Name <b>JEAN DEAN</b>		Treasurer Name <b>Jessica Borges</b>			
Street Address <b>84 Grosvenor Ave.</b>		Street Address <b>35 Apulia St</b>			
City <b>E. Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>E. Providence</b>	State <b>RI</b>	Zip <b>02914</b>
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 <b>Deborah Bairos</b>		Director Name <b>Christine Rossi</b>			
Street Address <b>435 WATERMAN AVE</b>		Street Address <b>29 Woodbine St</b>			
City <b>E. Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>E. Providence</b>	State <b>RI</b>	Zip <b>02915</b>
Director Name <b>JEAN DEAN</b>		Director Name <b>Jessica Borges</b>			
Street Address <b>84 Grosvenor Ave</b>		Street Address <b>35 Apulia St</b>			
City <b>E. Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>E. Providence</b>	State <b>RI</b>	Zip <b>02914</b>
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

File Date \_\_\_\_\_  
Check No \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY  
BY 2989

**FILED**

**JUN 08 2015**

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.

Signature of Officer or Authorized Representative

Date

Jessica Borges  
Print or Type Name of Officer or Authorized Representative