



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