



**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: 2015

1. Corporate ID No. 000111615

2. Name of Corporation Nayatt School Parent Teacher Organization

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 10 HALF MILE RD

City or Town: BARRINGTON State: RI Zip: 02806 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 PROMOTE THE WELFARE OF CHILDREN AND YOUTH IN HOME, SCHOOL AND COMMUNITY

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MARAIDH THOMSON	3 RIDGELAND ROAD BARRINGTON, RI 02806 USA
PRESIDENT	ANITA DIMATTEO	4 HALF MILE RD. BARRINGTON, RI 02806 USA

TREASURER	KATIE KELLY	10 HALF MILE RD BARRINGTON, RI 02806 USA
SECRETARY	BECKY CHWALK	35 ANCHORAGE WAY BARRINGTON, RI 02806 USA
DIRECTOR	MICHAEL FONTAINE	12 FOSTER STREET BARRINGTON, RI 02806 USA
DIRECTOR	EMILY FORD	1 NORTH LAKE DRIVE BARRINGTON, RI 02806 USA
DIRECTOR	ALEXIA HATJOPOULOS	3 ANNIES WAY BARRINGTON, RI 02806 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**

KATIE KELLY 10 HALF MILE RD BARRINGTON , RI 02806

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

Signed this 2 Day of July, 2015 at 11:17:35 AM 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 KATIE KELLY
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2015 State of Rhode Island and Providence Plantations
All Rights Reserved