



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 **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. 000794167		2. Exact name of the Corporation OAKLAND BEACH PARENT TEACHERS ORGANIZATION			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island PARENT TEACHER ORGANIZATION			
5. Principal office address 383 OAKLAND BEACH AVENUE		City WARWICK	State RI	Zip 02889	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name TAMMY HEALY		Vice-President Name NICOLE UHRIG			
Street Address 87 REYNOLDS AVENUE		Street Address 100 PAGE STREET			
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Secretary Name BEVERLEE-ANN POWELL		Treasurer Name STEPHANIE OTTILIGE			
Street Address 69 VIEWESTA ROAD		Street Address 115 HASWILL STREET			
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02889
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 TAMMY HEALY		Director Name NICOLE UHRIG			
Street Address 87 REYNOLDS AVENUE		Street Address 100 PAGE STREET			
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Director Name BEVERLEE-ANN POWELL		Director Name STEPHANIE OTTILIGE			
Street Address 69 VIEWESTA ROAD		Street Address 115 HASWILL STREET			
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02889
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
 File Date _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

JUL 24 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.

Stephanie Ottilige 7/17/15
 Signature of Officer or Authorized Representative Date

STEPHANIE OTTILIGE
 Print or Type Name of Officer or Authorized Representative