RI SOS Filing Number: 201692005470 Date: 02/05/2016 4:00 PM

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.	2. Exact name of the Corporation
32806	The Narragansett Elementary School Parent-Teacher Organization Inc.
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	elementary school PTO: Volunteer organization supporting the school/education in Narragansett

5. Principal office address	City	State	Zip
55 Mumford Road	Narragansett	RI	02882

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name - co Gretchen Abrams	~~Asst~~ President Name - co president Harnder Cronin
Street Address 46 Meadowrue Trail	Street Address
City Saunderstown State RI Zip 02874	City Narragansett State RI Zip 02882
Secretary Name Kelly Cartwright	Treasurer Name Rebecca Ansaldi
Street Address	Street Address 57 Oak Avenue
City Narragansett State RI Zip 02882	City Narragansett State RI Zip 02882

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES), RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name Pam Page	Director Name Gretchen Abrams
Street Address 20 Johnson Ave	Street Address 46 Meadowrue Trail
City Narragansett State RI Zip 02882	City Saunderstown State RI Zip 02874
Director Name Harnder Cronin	Director Name
Street Address	Street Address
City Narragansett State RI Zip 02882	City State Zip

8. REGISTERED AGENT IN RHODE ISLAND Pamela Page - Narragansett Elementary School
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
FEB 05 2016
KL 2016

File Date _____
Check No _____ **BY** _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Rebecca Ansaldi 1/25/16
Signature of Officer or Authorized Representative Date

Rebecca Ansaldi
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014