



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
1024188		Orlo Avenue PTA			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		Elementary school PTA			
5. Principal Office Address		City	State	Zip	
25 Orlo Avenue		East Providence	RI	02914	
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Elizabeth Fox			Vice-President Name Lauren Suoto		
Street Address 9 Austin Avenue			Street Address 89 Merril Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Deborah Palumbo			Treasurer Name Andrea Ward		
Street Address 52 Pershing Street			Street Address 153 Summit Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Pamela Cavros			Director Name Robyn Janczura		
Street Address 180 Ivy Street			Street Address 12 Rosemere Drive		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Director Name Michelle Green			Director Name		
Street Address 118 Summit Street			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative				Date	
Elizabeth Fox				5/18/16	
Signature of Officer/Authorized Representative					

FILED

JUN 06 2016

By VL 802