



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: 2016

1. Corporate ID No. 000555276

2. Name of Corporation Hamilton Elementary School PTO Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 25 SALISBURY AVENUE

City or Town: NORTH KINGSTOWN

State: RI Zip: 02852 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

EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	TANJA CARROLL	118 PINECREST DRIVE NORTH KINGSTOWN, RI 02852 US
PRESIDENT	ROBYN WALLACE	275 CONGDON HILL ROAD SAUNDERSTOWN, RI 02874 US
TREASURER	TAMI FERRELL	313 WESTMORELAND LANE

		SAUNDERSTOWN, RI 02874 US
SECRETARY	LINDA RIGGS	318 ORCHARD WOODS DRIVE SAUNDERSTOWN , RI 02874 US
DIRECTOR	JULIE KRAUSE	489 BOSTON NECK ROAD NORTH KINGSTOWN, RI 02852 US
DIRECTOR	REBECCA FEROLDI	60 VILLAGE HILL LANE NORTH KINGSTOWN, RI 02852 US
DIRECTOR	HEIDI POWERS	35 BARBERS HEIGHTS AVENUE SAUNDERSTOWN, RI 02874 US

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

KATHRYN LOCKWOOD 25 SALISBURY AVENUE NORTH KINGSTOWN , RI 02852

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

Signed this 20 Day of June, 2016 at 2:22:56 PM 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 TAMI FERRELL
Signature of Authorized Person

Form No. 631
Revised 09/07