



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. 000029838

2. Name of Corporation West Kingston Parent Teacher Organization (W.K.P.T.O.)

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 3119 MINISTERIAL ROAD

City or Town: WEST KINGSTON

State: RI Zip: 02892 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

PROVIDING FAMILY ACTIVITIES AND SUPPLEMENTING EDUCATIONAL AND SOCIAL MATERIALS FOR STUDENTS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
PRESIDENT	HEATHER HOPKINS	107 PLAINS ROAD WEST KINGSTON, RI 02892 USA
TREASURER	JEANINE SILVERSMITH	58 SOUTH GLEN CT. WAKEFIELD, RI 02879 USA

SECRETARY	NICOLE FILLION	49 ERICA COURT WEST KINGSTON, RI 02879 USA
VICE PRESIDENT	KILEEN URIAN	40 KENYON POINT WEST KINGSTON, RI 02892 USA
DIRECTOR	VALERIE GRENIER	247 OLD NORTH ROAD KINGSTON, RI 02881 USA
DIRECTOR	LINDSEY REILLY	12 BERRY HILL LANE KINGSTON, RI 02881 USA
DIRECTOR	DANIELLE NOWELL	42 SOUTH GLEN CT. WAKEFIELD, RI 02879 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**

KIM MATHER 3119 MINISTERIAL ROAD WEST KINGSTON , RI 02892

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

Signed this 27 Day of June, 2016 at 7:46:20 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 JEANINE SILVERSMITH
Signature of Authorized Person

Form No. 631
Revised 09/07

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