



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. 000160272

2. Name of Corporation Lippitt Elementary School PTO

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 30 ALMY STREET

City or Town: WARWICK

State: RI

Zip: 02886

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

TO AID STUDENTS OF LIPPITT ELEMENTARY SCHOOL IN ACHIEVING THEIR FULLEST POTENTIAL BY PROVIDING EDUCATIONAL AND PERSONAL ENRICHMENT AND BY ENCOURAGING THE COOPERATIVE INTERACTION OF PARENTS, TEACHERS AND THE COMMUNITY

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	HOLLY FALCOFSKY	30 ALMY STREET WARWICK, RI 02886 USA

TREASURER	JENNIFER FRIAS	30 ALMY STREET WARWICK, RI 02886 USA
VICE PRESIDENT	AMANDA GEER	30 ALMY STREET WARWICK, RI 02886 USA
DIRECTOR	MELISSA MADDEN	30 ALMY STREET WARWICK, RI 02886 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**

DONNA ENOS 30 ALMY STREET WARWICK , RI 02886

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

Signed this 8 Day of July, 2016 at 3:03:22 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 AMANDA GEER
Signature of Authorized Person

Form No. 631
Revised 09/07

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