State of Rhode Island and Providence Plantations Fee: \$2 Office of the Secretary of State	).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. 000817551	
2. Name of Corporation <u>Winsor Hill PTO</u>	
3. State of Incorporation	
State: <u>RI</u>	
4. Corporate Address in Rhode Island	
No. and Street: <u>100 THERESA STREET</u>	
City or Town:JOHNSTONState: RIZip:02919Country: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 FULFILL THE NEEDS OF CHILDREN TO SUPPORT THE IMPROVEMENT OF EDUCATION	
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Incorporator is no longer applicable; please delete	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 7-6-23	L.
Title Individual Name Address	
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	
PRESIDENT GINA SCHINO 3 SURREY DRIVE JOHNSTON, RI 02919 USA	
TREASURER SHEILA HANNA 12 STEERE ST	

12 STEERE ST
JOHNSTON, RI 02919 USA

SECRETARY	ANDREA AUCONE	9 RAY STREET JOHNSTON, RI 02919 USA
SECRETARY	AMANDA VEITCH	15 CHESTNUT STREET JOHNSTON, RI 02919 USA
DIRECTOR	AMANDA VEITCH	15 CHESTNUT ST JOHNSTON, RI 02919 USA
VICE PRESIDENT	MICHELLE DELLAMORTE	33 ARCHER AVE JOHNSTON, RI 02919 USA
VICE PRESIDENT	SHEILA KIRCORIAN	5 ARCADE STREET JOHNSTON, RI 02919 USA
DIRECTOR	GINA SCHINO	3 SURREY DRIVE JOHNSTON, RI 02919 USA
DIRECTOR	SHEILA HANNA	12 STEERE ST JOHNSTON, RI 02919 USA
9. This report must be signe	SA STREET JOHNSTON , RI 029 d by either the President, Vice Pr y Authorized Representative, Rec	resident, Secretary, Assistant
9. This report must be signe	d by either the President, Vice Pr	resident, Secretary, Assistant
<ol> <li>9. This report must be signed Secretary, Treasurer, duly</li> <li>Signed this 26 Day of July</li> <li>signature of the individual</li> </ol>	d by either the President, Vice Pr y Authorized Representative, Rec , 2016 at 11:05:45 AM by the ar	resident, Secretary, Assistant ceiver, or Trustee. uthorized person. This electronic ument constitutes the affirmation or
<ol> <li>9. This report must be signed Secretary, Treasurer, duly</li> <li>Signed this 26 Day of July</li> <li>signature of the individual of acknowledgement of the signative of the signature of the</li></ol>	d by either the President, Vice Provident of the Authorized Representative, Rec , 2016 at 11:05:45 AM by the author individuals signing this instru- gnatory, under penalties of perju	resident, Secretary, Assistant ceiver, or Trustee. uthorized person. This electronic ument constitutes the affirmation or ury, that this instrument is that ny, and that the facts stated herein are
<ul> <li>9. This report must be signed Secretary, Treasurer, duly</li> <li>Signed this 26 Day of July</li> <li>signature of the individual of acknowledgement of the signative of the</li></ul>	d by either the President, Vice Proventies of the Authorized Representative, Record at 11:05:45 AM by the author individuals signing this instruction of the comparent of the act and deed of the comparent filing, in compliance with the act filing, in compliance with the act and the comparent of	resident, Secretary, Assistant ceiver, or Trustee. uthorized person. This electronic ument constitutes the affirmation or ury, that this instrument is that ny, and that the facts stated herein are
<ul> <li>9. This report must be signed Secretary, Treasurer, duly Signed this 26 Day of July signature of the individual acknowledgement of the signatividual's act and deed of true, as of the date of the el</li> <li>By <u>GINA SCHINO</u></li> </ul>	d by either the President, Vice Proventies of the Authorized Representative, Record at 11:05:45 AM by the author individuals signing this instruction of the comparent of the act and deed of the comparent filing, in compliance with the act filing, in compliance with the act and the comparent of	resident, Secretary, Assistant ceiver, or Trustee. uthorized person. This electronic ument constitutes the affirmation or ury, that this instrument is that ny, and that the facts stated herein are