



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.** 000032806

**2. Name of Corporation** THE NARRAGANSETT ELEMENTARY SCHOOL PARENT-TEACHER ORGANIZATION INC.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 55 MUMFORD ROAD

City or Town: NARRAGANSETT State: RI Zip: 02882 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**

VOLUNTEER ORGANIZATION SUPPORTING THE SCHOOL/EDUCATION IN NARRAGANSETT.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	GRETCHEN ABRAMS	46 MEADOWRUE TRAIL SAUNDERSTOWN, RI 02874 USA
DIRECTOR	PAM PAGE	20 JOHNSON AVE

		NARRAGANSETT, RI 02882 USA
DIRECTOR	GRETCHEN ABRAMS	46 MEADOWRUE TRAIL SAUNDERSTOWN, RI 02874 USA
DIRECTOR	HARINDER CRONIN	P.O. BOX 3322 NARRAGANSETT, RI 02882 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**

PAMELA A. PAGE NARRAGANSETT ELEMENTARY SCHOOL 55 MUMFORD ROAD  
NARRAGANSETT , RI 02882

**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 August, 2016 at 4:07:29 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 REBECCA ANSALDI  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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