



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation	
142537		EG. Whiteknact School PTA	
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island	
RI		Public School PTA	
5. Principal Office Address		City	State
261 Grosvenor Ave		E. Prov	RI
		Zip	02914
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name		Vice-President Name	
Joshua Pereira		Deborah Bairos	
Street Address		Street Address	
64 Charles St		435 WATERMAN AVE	
City	State	City	State
E. Providence	RI	E. Prov.	RI
Zip	02914	Zip	02914
Secretary Name		Treasurer Name	
Sandra Medina		Jessica Borges	
Street Address		Street Address	
22 North Hull St		35 APDIA ST	
City	State	City	State
E. Providence	RI	E. Providence	RI
Zip	02914	Zip	02914
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Joshua Pereira		Deborah Bairos	
Street Address		Street Address	
64 Charles St		435 WATERMAN AVE	
City	State	City	State
E. Providence	RI	E. Providence	RI
Zip	02914	Zip	02914
Director Name		Director Name	
Sandra Medina		Jessica Borges	
Street Address		Street Address	
22 North Hull St		35 APDIA ST	
City	State	City	State
E. Providence	RI	E. Providence	RI
Zip	02914	Zip	02914
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative			Date
Jessica Borges			6-23-16
Signature of Officer/Authorized Representative			
SIGN DOCUMENT HERE			

SIGN DOCUMENT HERE

FILED

OCT 24 2016

By 3097/3089
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