State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation	on 🙃 🙃		^
000083031	West Glocester (1	ementary School C	ommunity	Organization
State of Incorporation	4. Brief description of the character of business conducted in Rhode Island Educators Parents			
RI	4. Brief description of the character of business conducted in Rhode Island Educators Parents to mountry Valunteers was such united efforts as unit secure every child the highest education advantages in academic, emotional			
5. Principal Office Address	social graveth	City	State	Zip
III Reynolds	Road	Chipachet	RI	09814
6. List ALL officers (names and a	Che	ck the bax to indi	cate an attachment	
President Name Lynne Di Biase		Vice-President Name Teritya Colaluca		
Street Address 55 Teaberry Drive		Street Address 47 Wood Road		
Chepachet	State RI Zip OQ814	City Chepachet	State RT	Zip 32814
Secretary Name Notasha	Elderkin	Treasurer Name	Blackin	10n
Street Address	Hill Road	Street Address 48 Teab	erry De	ive_
City Chepachet	State RI Zip 02814	Chy Chipachet	State	Zip 02814
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment				
Director Name Lynne D. Brase		Director Name Lisa Blackmon		
Street Address 55 Teaberry Drive		Street Address 48 Techeny Drive		
city Chepachet	State RI Zip 02814	chy Chepacket	State RI	219 O2814
Director Name TeriLyn Co	olaluca	Director Name Natasha	Elderk	·~
Street Address 47 Cocool	Road	Street Address	ey Hill	Road
city Chepachet	State RI Zip 0 3814	City Chepachet	State RI	Zip (22814
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.				
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.				
Name of Officer/Authorized Representative Date				
Terityn Colaluca			10/2	7/2016
Signature of Officer/Authorized Representative				
TOUR MAN CALCACTE				

FILED

11:10

NOV 02 2016

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY 4 287630

FORM 631 - Revised: 05/2016