



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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 • This report must be typed or printed legibly.

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

1. Entity ID No. 911095		2. Exact name of the Corporation James R. D. Oldham PTA	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Oldham Elementary School Parent Teacher Association	
5. Principal office address 60 Bart Drive		City Riverside	State RI Zip 02915
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Sonia Williams		Vice-President Name Bryan Denton	
Street Address 141 Bell Ave		Street Address 361 Bullocks Point Ave	
City Riverside	State RI Zip 02915	City Riverside	State RI Zip 02915
Secretary Name Joanne Damiano		Treasurer Name Stacy Hofstetter	
Street Address 45 PineCrest Dr		Street Address 123 Fenner Ave	
City Riverside	State RI Zip 02915	City Riverside	State RI Zip 02915
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Sonia Williams		Director Name Stacy Hofstetter	
Street Address 141 Bell Ave		Street Address 123 Fenner Ave	
City Riverside	State RI Zip 02915	City Riverside	State RI Zip 02915
Director Name Joanne Damiano		Director Name None	
Street Address 45 Pine Crest Dr		Street Address	
City Riverside	State RI Zip 02915	City	State Zip
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

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

FILED

File Date DEC 27 2016

Check No _____

By 1711-1 LO

FOR SECRETARY OF STATE USE ONLY

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.

Stacy Hofstetter 12/12/16
nature of Officer or Authorized Representative Date

Stacy Hofstetter
Print or Type Name of Officer or Authorized Representative