



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.

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|--|--------------------|---|---|
| 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 [Signature]
 FOR SECRETARY OF STATE USE ONLY L.O.

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