



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016
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.

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|--|--------------------|---|------------------------|
| 1. Entity ID Number <u>246922</u> | | 2. Exact name of the Corporation <u>Friends of Agnes Little</u> | |
| 3. State of Incorporation <u>Rhode Island</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>Parent teacher Org.</u> | |
| 5. Principal Office Address <u>60 South bend St.</u> | | City <u>Pawtucket</u> | State <u>RI</u> |
| | | Zip <u>02860</u> | |
| 6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name <u>Jaclyn Quaine</u> | | Vice-President Name <u>Kristal Henkeff</u> | |
| Street Address <u>79 Armistice Blvd.</u> | | Street Address <u>132 Division St.</u> | |
| City <u>Pawtucket</u> | State <u>RI</u> | City <u>Pawtucket</u> | State <u>RI</u> |
| Zip <u>02860</u> | | Zip <u>02860</u> | |
| Secretary Name <u>Amanda Buebendorf</u> | | Treasurer Name <u>Nicholas Phillips</u> | |
| Street Address <u>122 Meadow St</u> | | Street Address <u>132 Division St</u> | |
| City <u>Pawtucket</u> | State <u>RI</u> | City <u>Pawtucket</u> | State <u>RI</u> |
| Zip <u>02860</u> | | Zip <u>02860</u> | |
| 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 <u>Jaclyn Quaine</u> | | Director Name <u>Kristal Henkeff</u> | |
| Street Address <u>Same as above</u> | | Street Address <u>Same as above</u> | |
| City <u></u> | State <u></u> | City <u></u> | State <u></u> |
| Zip <u></u> | | Zip <u></u> | |
| Director Name <u>Amanda Buebendorf</u> | | Director Name <u>Nicholas Phillips</u> | |
| Street Address <u>Same as above</u> | | Street Address <u>Same as above</u> | |
| City <u></u> | State <u></u> | City <u></u> | State <u></u> |
| Zip <u></u> | | Zip <u></u> | |
| 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 <u>Nicholas Phillips</u> | | | Date <u>1/23/17</u> |
| Signature of Officer/Authorized Representative <u>[Signature]</u> SIGN DOCUMENT HERE | | | |

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By 293818

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 631 - Revised: 05/2016