



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

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

Annual Report for the year: 2017
Non-Profit Corporation

2017 SEP 21 PM 12:36

- 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 83278		2. Exact name of the Corporation John Wickes Parent Teacher Organization (PTO)			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Elementary school parent teacher organization. We help to raise funds to supply our children with materials, cultural arts, family events and after school programming			
4. NAICS Code 611110 - Elementary and <input type="checkbox"/>					
6. Principal Office Address 50 Child Lane			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michelle Haley			Vice-President Name Nick Giesinger		
Street Address 32 Richfield St			Street Address 170 Carolyn St		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Beth Nelson			Treasurer Name Christina Gianfrancesco		
Street Address 56 Barber Ave			Street Address 77 Oakridge Ct		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. 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 Michelle Haley			Director Name Nick Giesinger		
Street Address 32 Richfield St			Street Address 170 Carolyn St		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name Beth Nelson			Director Name		
Street Address 56 Barber Ave			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
9. 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 Michelle R Haley				Date September 19, 2017	
Signature of Officer/Authorized Representative <i>Michelle R Haley</i>			SIGN DOCUMENT HERE		

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040

SEP 21 2017
 BY 3130066
 A.A. 12:38 P.M.