

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2016

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R.I. DEPT. OF STATE

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2017 SEP 2 | PM 12: 36

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 | | | | |
|---|--|----------------------------|---------------------------------------|----------------------------------|----------------------|
| 83278 | John Wickes Parent Teacher Organization (+TT) | | | | |
| 3. State of Incorporation | Brief description of the character of business conducted in Rhode Island | | | | |
| RI | 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 | 1 children wit | th materials, cult | tural arts, family events | and after school prog | ramming |
| 611110 - Elementary and 🔽 | | | , | | |
| 6. Principal Office Address | | | City | State | Zip |
| 50 Child Lane | | | Warwick | Ri | 02886 |
| 7. List ALL officers (names and ad | dresses) | | | Check the box to indicate | an attachment |
| 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 Cheryl DeRobbio | | |
| Street Address 56 Barber Ave | | | Street Address 11Wickes Ct | | |
| ^{City} Warwick | State RI | Zip 02886 | City Warwick | State RI | Zip 02886 |
| 8. List ALL directors (names and a | ddresses). RI C | orporations MUST | list at least THREE directors | . Check the box to indic | ate an attachment |
| Director Name Michelle Haley | | | Director Name Nick Glesinger | | |
| 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 Isla | nd. This information | on is currently of reco | rd in the Department of State. C | hanges require filing Form 6 | 41. |
| Under penalty of perjury, I decia statements, and that all stateme | | | | y accompanying sched | ules and |
| This report must be signed by either the Pre | isident, Vice-Preside | nt, Secretary, Assistant S | Secretary, Treasurer, duly Authorized | Representative, Receiver or Tru: | stee. |
| Name of Officer/Authorized Representative | | | | Date | |
| Michelle R Haley | | | | September | 19, 2017 |
| Signature of Officer/Authorized Re | presentative ULA | SIGN DOC | CUMENT HERE FI | LED | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

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