RI SOS Filing Number: 201859789210 Date: 3/6/2018 4:00:00 PM

State of Rhode Island and Providence Plantations		201 201
Department of State - Business Services Di	vision	CRE ORF
Annual Papart for the years		RECORDER
Annual Report for the year: 2017		. 6 7 XX
→ Filing period: June 1 - June 30		
→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by July 30.		-
Entity ID Number 2. Exact name of the Corporation		
000858911 Henry J. W	inters P10	
3. State of Incorporation State of Incorporation 5. Brief description of the character of business conducted in Rhode Island Non-prof; + Parent/teacher Organization		
Miles Island C and also a shoot Our directe is to		
(1111) raise money for school activities.		
6. Principal Office Address	City a	State Zip
481 Broadway Pawticket RI 0286	Pawtucket	RI 02860
7. List ALL officers (names and addresses)	Check the	e box to indicate an attachment
President Name Melanie Integlia	Vice-President Name Katie M	cGloin
Street Address 481 Broadway	Street Address 481 Broad way	1
City Pawtucket State RI 21p 02860	City	State Zip 02860
Secretary Name Ago / astrono	Treasurer Name	odisas
Street Address 481 Broadway	Street Address	SE
City Pawty CVet State RI 210 2860	City Pautuc Ket	State T TO THE TOTAL TOT
8. List ALL directors (names and addresses). RI Corporations MUST lis		(
Director Name / 4	Director Name	ck the box to indicate an attachment
Lara Madison	aurie	Chare 5 15,78
Street Address 481 Broadway	Street Address 481 Bro	adway & EE
City Pawtucket State RI 200860	City Pawtucket	State KI BORRO
Director Name Ann Lastrina	Director Name	RPC RPC
Street Address 481 Broadway	Street Address	RATE -5
City Pawtycket State RI Zipo 2860	City	State Zo COTO
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 can statements, and that all statements contained herein are true and correct.		
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.		
Name of Officer/Authorized Representative		Date
Maria SanMorting-Clinton	FILED	2/13/18
Signature of Officer/Authorized Reprosentative The Policy Mar 0 6 2018		
MAIL TO: Division of Business Services LU 305973		

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

Phone: (401) 222-3040 Website: www.sos.n.gov