



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

Annual Report for the year:
Non-Profit Corporation

2017

- 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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2017 FEB 16 AM 11:48

1. Entity ID Number 000858911		2. Exact name of the Corporation Henry J. Winters PTO	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Non-profit parent/teacher organization for an elementary school. Our purpose is to raise money for school activities.	
4. NAICS Code 61110			
6. Principal Office Address 481 Broadway Pawtucket, RI 02860		City Pawtucket	State RI
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Melanie Integlia		Vice-President Name Katie McGloin	
Street Address 481 Broadway		Street Address 481 Broadway	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
Secretary Name Ann Lastrina		Treasurer Name Cara Madison	
Street Address 481 Broadway		Street Address 481 Broadway	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
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 Cara Madison		Director Name Laurie Chace	
Street Address 481 Broadway		Street Address 481 Broadway	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
Director Name Ann Lastrina		Director Name	
Street Address 481 Broadway		Street Address	
City Pawtucket	State RI	City	State
Zip 02860			
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.			
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 Maria SanMortino-Clinton			Date 2/13/18
Signature of Officer/Authorized Representative <i>Maria SanMortino-Clinton</i>			

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