



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 120005		2. Name of Corporation MYRON J. FRANCIS PARENT TEACHER ORGANIZATION			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 64 Bourne Ave		City Rumford	Zip 02916
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO PROVIDE SUPPORT FOR THE EDUCATIONAL AND RECREATIONAL NEEDS OF THE STUDENTS OF MYRON J. FRANCIS ELEMENTARY SCHOOL.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Rebecca S. Rego			Vice President Name Paul Lawrence		
Street Address 12 Farrell Place			Street Address 17 Bradley		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
Secretary Name Stella Vandal			Treasurer Name Cecile Danehy		
Street Address 14 Lillian Ave			Street Address 10 Merrick Street		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Rebecca S. Rego			Director Name Kristin A. Chase		
Street Address 12 Farrell Place			Street Address 41 Haliburton Rd		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
Director Name Paul Lawrence			Director Name		
Street Address 17 Bradley			Street Address		
City Rumford	State RI	Zip 02916	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name EILEEN PALENCHAR			Address		
Address 64 BOURNE AVENUE			City RUMFORD	State	Zip 02916

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



120005

File Date 6-21-05  
Check No. 0464  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer Rebecca S. Rego 6-21-05  
Date  
Print or Type Name of Officer Rebecca S. Rego  
Title of Officer President



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7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Robin A. Pothier		Vice President Name Paul J. Lawrence		
Street Address 34 Upyonda way		Street Address 17 Bradley St		
City Rumford	State RI	Zip 02916	City Rumford	State RI
Secretary Name Patricia Wolton		Treasurer Name Kristin Chase		
Street Address 46 Keaton Ave		Street Address 41 Haliburton Rd		
City Rumford	State RI	Zip 02916	City Rumford	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS		THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23		
Director Name Robin A. Pothier		Director Name Kristin Chase		
Street Address 34 Upyonda Way		Street Address 41 Haliburton Rd		
City Rumford	State RI	Zip 02916	City Rumford	State RI
Director Name Eileen Palenchar		Director Name		
Street Address 11 Mayfair Dr.		Street Address		
City Rumford	State RI	Zip 02916	City	State
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78		Agent Name EILEEN PALENCHAR		
Address 64 BOURNE AVENUE		City RUMFORD		Zip 02916

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 2 0 0 0 5 \*

File Date 9/7/04  
Check No. 796  
By: DA  
FOR SECRETARY OF STATE USE ONLY

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.

Kristin Chase 6/23/04  
Signature of Officer Date  
Kristin Chase  
Print or Type Name of Officer  
Treasurer  
Title of Officer



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1. Corporate ID No. *120005*		2. Name of Corporation MYRON J. FRANCIS PARENT TEACHER ORGANIZATION			
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5. Foreign corporation: Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO PROVIDE SUPPORT FOR THE EDUCATIONAL AND RECREATIONAL NEEDS OF THE STUDENTS OF MYRON J. FRANCIS ELEMENTARY SCHOOL.					
<b>7. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name Eileen Palenchar			Vice President Name Joan M. Caine		
Street Address 11 Mayfair Drive			Street Address 4 Drowne Parkway		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
Secretary Name Hannah Rooke			Treasurer Name Laurel Capron		
Street Address 71 Don Ave.			Street Address 31 Rosemere Drive		
City Rumford	State RI	Zip 02916	City East Providence	State RI	Zip 02914
<b>8. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b> THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3).R.I.G.L. 7-6-23					
Director Name Eileen Palenchar			Director Name Joan M. Caine		
Street Address 11 Mayfair Drive			Street Address 4 Drowne Parkway		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
Director Name Maureen M. Hurley			Director Name		
Street Address 46 Upyonda Way			Street Address		
City Rumford	State RI	Zip 02916	City	State	Zip
<b>9. REGISTERED AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 641 -R.I.G.L. 7-6-13 / 7-6-78</b>					
Agent Name EILEEN PALENCHAR			Address 64 BOURNE AVENUE		
Address			City RUMFORD	Zip 02916-	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*\*120005\* 6/9/0310:56:05 AM\*

File Date 6-10-03

Check No. 591

By [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Laurel Capron 6/9/03  
Signature of Officer Date  
Treasurer LAUREL CAPRON  
Print or Type Name of Officer  
Treasurer  
Title of Officer

Filing Fee: \$20.00

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

NON-PROFIT CORPORATION

Corporate ID Number DNP-120005 Annual Report for the year 2002

- 1. The name of the corporation is MYRON J. FRANCIS PARENT TEACHER ORGANIZATION
2. The state or other jurisdiction under the laws of which it is incorporated is RHODE ISLAND
3. The address of the registered office of the corporation in this state is 64 BOURNE AVENUE RUMFORD, RI 02916
and the name of its registered agent in this state at that address is EILEEN PALENCHAR
4. The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is providing volunteer and financial support for the educational and recreational needs of the students of Myron J. Francis Elementary School.
5. If a foreign corporation, the address of its principal office in the state of other jurisdiction under the laws of which it is incorporated is N/A
6. Corporate address in Rhode Island 64 Bourne Ave Rumford, RI 02916
7. Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)

NAME OFFICE ADDRESS

Table with 3 columns: NAME, OFFICE, ADDRESS. Rows include Eileen Palenchar (Director), Joan Caine (Director), Hannah Rooke (Director), Eileen Palenchar (President), Joan M. Caine (Vice-President), Hannah Rooke (Secretary), and Laurel Capron (Treasurer).

Dated: 6/10/02

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.

Myron J. Francis Parent Teacher Organization
Exact Name of Corporation

By: Laurel Capron
Title: Treasurer
(Report must be signed by an officer)

FOR SECRETARY OF STATE USE ONLY

File Date: 9.24.02
Check No.: 287
By: KML