



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

2018 APR 27 AM 11:24

Annual Report for the year: **2017**
 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 000076899		2. Exact name of the Corporation Elsie G. Robertson Parent-Teacher Organization	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island... <i>Elementary School Parent-Teacher Organization benefiting the students.</i>	
4. NAICS Code 611110 - Elementary and Second			
6. Principal Office Address 70 Nausauket Rd		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 Ellen Polo		Vice-President Name Jen Marinelli	
Street Address 70 Nausauket Rd		Street Address 70 Nausauket Rd	
City Warwick	State RI	City Warwick	State RI
Zip 02886		Zip 02886	
Secretary Name Sarah Fruzzetti		Treasurer Name Sarah Fruzzetti	
Street Address 70 Nausauket Rd		Street Address 70 Nausauket Rd	
City Warwick	State RI	City Warwick	State RI
Zip 02886		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 Ellen Polo		Director Name Jen Marinelli	
Street Address 70 Nausauket Rd		Street Address 70 Nausauket Rd.	
City Warwick	State RI	City Warwick	State RI
Zip 02886		Zip 02886	
Director Name Sarah Fruzzetti		Director Name	
Street Address 70 Nausauket Rd.		Street Address	
City Warwick	State RI	City	State
Zip 02886		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 Sarah Fruzzetti			Date April 10, 2018
Signature of Officer/Authorized Representative <i>[Signature]</i>			

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

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BY cu 329546