RI SOS Filing Number: 201869704670

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018 **Non-Profit Corporation**

TIMETE

Date: 6/15/2018 4:00:00 PM

→ 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	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	PTO Organization supporting Robertson Elementary student enrichment and activities.					
4. NAICS Code						
611110 - Elementary and Secor						
6. Principal Office Address			City	State	Zip	
70 Nausauket Rd.			Warwick	RI	02886	
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name Ellen Polo			Vice-President Name Jen Marinelli			
Street Address 70 Nausauket Rd.			Street Address 70 Nausauket Rd			
City Warwick	State RI	Z ₁ p 02886	City Warwick	State RI	Zip 02886	
Secretary Name Sarah Fruzzetti			Treasurer Name Sarah Fruzzetti			
Street Address 70 Nausauket Rd			Street Address 70 Nausauket Rd			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name Ellen Polo			Director Name Jen Marinelli			
Street Address 70 Nausauket Rd			Street Address 70 Nausauket Rd			
City Warwick	State RI	^{Zip} 02886	City Warwick	State RI	Zip 02886	
Director Name Sarah Fruzzetti		 -	Director Name			
Street Address 70 Nausauket Rd			Street Address			
City Warwick	State RI	^{Zip} 02886	City	State	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.						
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		
Sarah Fruzzetti				6/13/18		
Signature of Officer/Authorized Representative SICH TOUMEN HERE FIFT						

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 1 5 2018

