



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

Annual Report for the year: 2018

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.

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 SECRETARY OF STATE
 CORPORATIONS DIVISION
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1. Entity ID Number 29838		2. Exact name of the Corporation West Kingston Parent Teacher Organization (W.K.P.T.O.)			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Parent Teacher Organization to enrich education of students.			
4. NAICS Code 813940 - Political Organization <input checked="" type="checkbox"/>					
6. Principal Office Address 3119 Ministerial Rd		City West Kingston		State RI	Zip 02892
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Vanessa Paniccia			Vice-President Name Kate Johnson		
Street Address 62 Echo Lane			Street Address 40 Old North Rd		
City West Kingston	State RI	Zip 02892	City Kingston	State RI	Zip 02881
Secretary Name Emily Durant			Treasurer Name Melanie Dextradeur		
Street Address 1 S. Glen Ct.			Street Address 255 Chestnut Hill Rd		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 Kate Johnson			Director Name Vanessa Paniccia		
Street Address 40 Old North Rd			Street Address 62 Echo Lane		
City Kingston	State RI	Zip 02881	City West Kingston	State RI	Zip 02892
Director Name Emily Durant			Director Name Melanie Dextradeur		
Street Address 1 S. Glen Ct			Street Address 255 Chestnut Hill Rd		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Vanessa Paniccia					Date 6-18-2018
Signature of Officer/Authorized Representative					

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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FORM 631 - Revised: 11/2017