

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of Stale

Corporations Division 100 North Main Street Providence, Rt 02903-1335 401.222,3040

Form 631 Rev. 04/04

NON-PROFIT CO Filling Period: June 1 - Jun			EPORT FOR TH	E YEARc	3005
(FORM MUST BE TYPED OR PRI	<del>,</del>				
1. Corporate ID No.	2. Name of Corporation	$\mathcal{L}$	···· / / / / ·	•	
98931	Stany Lar	ne lavent-	Teacher Olgo	aniza tic	<u>, , , , , , , , , , , , , , , , , , , </u>
3. State of Incorporation	4. Corporate deletress in R	hode Island - Street Addre	ss U	City	Zψ
RT	825 Stor	11 Lane		N. Kinas	teun 02852
Foreign corporation. Enter price			City	State	Zip
				1	
Brief Description of the character	of the affairs which are act	ually conducted in Rhode i	island		
To Plan Organia	c that around	Me the edu	catimal, cultural,	4 Phaisical	development of
TO Plate 1-1 big ava	1 . 4. L		the transfer of	1 ) 5 (	•
7. NAMES AND ADDRESSE	S OF THE OFFICERS	·C.Y~L · C*X* BOX FOR ATTAC	HMENT) 📋 FILL IN SPACE	S BEFORE USING	ATTACHMENTS
resident Name		(	Vice President Name		
Lisa Johns	4 8 1			Parkins	
iner Address	ان		Tanine	121 2103	
	1000		Street Address	1	1)-
127 Cassan	Israe Lane	1		lowland	1 <sub>2/2</sub>
•	1	<i>2.</i> φ	Gity N 1 1 2	Sinic —	Zip
N. Kingstown	RI	07827	N. Kingstown	R I	04852
icerctary Name_			Treasurer Name	<u>^</u> .	
Jackie En	nrich		Kerri K	ann tord	
iner Address			Street Address		,
350 Wick	ham Rd Isinie		1 11 Misty	Meadow	LN.
Tay	State	Zip	City	State	Zip
N. Kingstown	RT-	02852	N. Kingstown	· -	00852
NAMES AND ADDRESSE	S OF THE DIRECTOR		ACHMENT) FILE IN SPACE		
UE NUMBER OF DIRECT					
	OKS OF A DOMESTIC	C (KNODE ISLAND)	•	<u> </u>	<u>JHREE (3). R.I.G.L. 7-6-23</u>
Director Name			Director Name	Λ.	
Lisa Johns	50N		Janine	Parkins .	
Street Address	•		Sirvet Address		
127 Cassan	dra Lane		70 Meado.	uland D	or.
City	State	Zip	City	State	Zíp
N Kingstown	RI	07857	N Kingstown	25	02852
Director Name		·	Director Name		
Jackie Em	rich		Kerri Ba	m for d	
Street Address			Street Address		
350 Wickh	150 PJ		Di Maista	Meadow	1.
<u> </u>	Sura Car	Zip	City	State	Zip
N. Kingstown	0.5	1 '	1.5 17	R I	1 '
10	1 K. I	1 64857	1 N. Kingstown	, .	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
	KHODE ISLAND - DO	O NOT ALIEK - Cha	nges require filing of Form	m 041 - K.I.G.L. /-	6.13 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
gent Name			Address		
Elizabeth D	olan Esa		1		-
Address		•	City		ip Oi
825 Stony	1000		N Kingstown	1.	0285 <del>3</del>
	~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				
This report must be	signed in ink by eith	er the President, Vice	President, Secretary, Assist	ant Secretary, Treas	urer, Receiver or Trustee
					V1 7
<del></del>			Under construct of	porium I declare and	offirm that I have avanional this
				• •	affirm that I have examined thi edules and statements, and that a
			· · · · · · · · · · · · · · · · · · ·	ed herein are true and	
F-1	LED		1 /	/	
File Date			- Kerri	Hamfor	x 5.12-05
Charle No. MAY	1 6, 2005		Signature of Officer	[]	Date
Check No.	T 0, 2003	•	Va.	Bamfora	والمعاور بالمهام وخرين الماسي
B: M	1100-		Daine no Time Money		
By: Dy 11	1 <u></u>	_	Print or Type Name	oj Ojjicer	
gan eranimi nu ca e	TATE LIES ON UCA N A		Treasur	er	
FOR SECRETARY OF S	THE USE ONLY	7	Title of Officer		<del> </del>



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401 222,3040

Matthew A. Brown, Secretary of State

NON DROCKE COL	DODATION	ANINITIAT DE	рарт бар ты	EVEAD	2004	
NON-PROFIT COR Filing Period: June 1 - June 3 FORM MUST BE TYPED OR PRINTS	0 • Filing Fee	: \$20.00	PORT FOR TH	E IEAK _	<u> </u>	
	Name of Corporation		<del></del>			
		Parant-Tec	char Alpan	iza how		
State of Incorporation 4.	Corporate address in Rb	ode Island - Street Address	icher-Olgan	City		Cip (2.20
	825 Stand	Lane		North	Kinastau	m 07827
Foreign corporation. Enter principal		- C(Y) C	City	State	J Z	(p
. Brief Description of the character of t	he affairs which are actu	ally conducted in Rhode Isla	nd		. 1	
To planping rams of children at 1. NAMES AND ADDRESSES C	that prom Hending St of the officers:	ote the edu tony hane ("X" BOX FOR ATTACHI	ocational, Cultur MENT) [] FILL IN SPACE	es before using	≈   deve	ENTS
President Name	_		Vice President Name			
Janine Par	Kins		LISA Joh	reson N		
ireci Address	\		Street Address	1 1	•	
70 Meadowlan	d Drive			ndra Lan		
N. Kingstown s	RI	21p	City	State R.T.		の9827 
N. Kingstown	<u> </u>	09827	N. Kingstown	<u> </u>		5000A
Secretary Name To (1):	1:01-		Mary Sha	1 Hauseli		
Jackie E	MILLEN		Street Address	110000		
350 Wickh	am Rd		65 Long L	lane		
city , s	ate	Zip	City	State	1	?ip
N. Kingstaun	RI	09827	N. Kingstaun	KI		02857
8. NAMES AND ADDRESSES (	OF THE DIRECTOR	•	<i>'HMENT)</i> [] I <sup>H</sup> LL IN SPAC	CES BEFORE USIN		
THE NUMBER OF DIRECTOR	S OF A DOMESTIC	(RHODE ISLAND) C	ORPORATION SHALL N	OT BE LESS THA	<u>N THREE (</u>	3), R.I.G.L. 7-6-23
Director Name			Director Name			
Janine Pa	<u>rkins                                    </u>	<u> </u>	<del></del>	Tohnson		
Street Address			Sireer Address			0
70 Meridon		rve	·	assandr		Zip
- · · · · · · · · · · · · · · · · · · ·	itate	21p	City	1 -		00852
N Kingstown	R∓	C9825	N. Kingstow	<u> </u>	1	02174
Director Name  Jack He E	na sich			Shalkou	ıski	
Street Address	<u> </u>		Street Address	<u> </u>	<del></del> -	
350 W/k	chim R	9	65 Lon	g Lane		
City 2	itate	Zip	City	State		Zip
N. Kingstown	RI	09827	IN Kingstown	I RI		69827
9. REGISTERED AGENT IN R	HODE ISLAND - DO	O NOT ALTER - Chang	ces require filing of Fo	rm 641 - R.I.G.L.	7-6-13 / 7-6	5.7 <b>8</b> 5
Agent Name			Address			13. Oct
Elizabeth D	Wan Esq.			<del></del>	r	
Address	, r		City		7.(p	<u> </u>
825 Stony	Lane		N. Kingston	<u> </u>	0985	ਤੇ '
This report must be si	gned in ink by cith	er the President, Vice I	President, Secretary, Assi	stant Secretary, Tre	asurer, Reco	eiver or Trustee
2 <b>F</b>	•		-			等 岩質量
						05 ×
						- •

File Date	FILED
Check No	MAY 1 6 2005
By:	Bym 66097
, <u></u>	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.

Keyi Bambul	5/12/05
Signature of Officer ()	Date
Kerry Bamford	ه <u>ې پېښو د دې او د او </u>
Print or Type Name of Officer	
'04/'05 Treasurer	
Title of Officer	

Form 631 Rev. 04/04



Matthew A. Brown, Secretary of State Conporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

NON-PROFIT C			REPORT FOR	R THE YEAR	2003
Filing Period: June 1 -	**	ee: \$20.00			
FORM MUST BE TYPED OR  1. Corporate ID No.	2. Name of Corporation			<del> </del>	<del></del>
98931	Stony Lane Parent-T				
3. State of Incorporation		eacher Organization in Rhode Island - Street Addre		City	Zip
RHODE ISLAND	l _ '	NY LANE	.33		1927000 02852
5. Foreign corporation. Enter p		IN CHITE	City	State	Zip
5. I oreign corporation. Ishler j	ринеграс одрес частезз		",	J	•
LANE.	THAT PROMOTE THE I	EDUCATIONAL, CULTURA	AL AND PHYSICAL DEV	ELOPMENT OF CHIL	DREN ATTENDING STONY
7. NAMES AND ADDRESS	ES OF THE OFFICER	S ("X" BOX FOR ATTACE		ACES BEFORE USI	NG ATTACHMENTS
President Name	11.00		President Name		
Junine ra	<u> YKIY15</u>			<u>nson</u>	<del></del>
Street Address	0 0 0	^	Street Address		
<u> 1/0 111eadou</u>	Mana by	<u></u>	1127 Cassa	ndra lan	
93 King chan	State OT	Zig	City	State	Zip
M-VIK/210M	<u> </u>	T02852	<u> No. Kinastu</u>	<u> </u>	<u> </u>
Secretary Name	a 7\	$\mathcal{C}$	Treasurer Name		
<u> </u>	e tori	<u></u>	<del></del>	-kauski	<del></del>
Street Address	12061		Street Address	LANZ	
	<u> </u>	Zip	<u> </u>		
Cin N. Kinostow	n Kel	J 04824	No. Kingsto		0285 2
					E USING ATTACHMENTS <u>AN THREE</u> (3). R.I.G.L. 7-6-23
Director Name			Director Name		
JAMINE DA	ekins		LISA J	TOHNSON	
Street Address	<del></del>		Street Address		
70 MEADO	who De		127 CA.	SSAMORA	LANE
City	State	· Zip	City	State	Zip
n. Kingston		02552	n.k.	R i	02852
Director Name			Director Name		
JACKIE (	Emeich			SHALKOWSI	ci
Street Address		<del></del>	Street Address	<u></u>	
350 W	) ICKHAM		65 Lon	is lane	
City n.K.	State R 1	Zip 02852	City N.k.	Stage	Zip 02652
9. REGISTERED AGENT I	N RHODE ISLAND -		es require filing of For	m 641 • R.I.G.L. 7-6-	
Agent Name			Address		
	20				
ELIZABETH S. DOLAN, ES	SQ.	·	Cin	<del></del>	77:0
Address			City		Zip
825 STONY LANE			NORTH KINGSTOW	<u>/N</u>	02852
	ed in ink by either t		ident, Secretary, Assi	istant Secretary, Tr	easurer, Receiver or Trustee

 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.

to a shi	9-6.03	
Significe of Officer MARY A SHALKOWSKI	Date	:
Print or Type Name of Officer		-

TREASURER

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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

Corporate ID Number <u>DNP-98931</u>	Annual Report for the year 2002
1. The name of the corporation is Stony I	ane Parent-Teacher Organization
·	laws of which it is incorporated is RHODE ISLAND the corporation in this state is 825 STONY LANE NORTH KINGSTOWN. RI
4. The character of the affairs which it is a	this state at that address is ELIZABETH S. DOLAN, ESQ.
5 If a foreign corporation, the address of incorporated is	its principal office in the state or other jurisdiction under the laws of which it is
6. Corporate address in Rhode Island	825 Stony Care North Kingstown RI
	and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the de Island) corporation shall not be less than three (3).)
NAME OFFICE	ADDRESS
Lauren Kammerer Director/A  Janine Parkins Vice-Presi  Bethany Sawyer Secretary  Chairtine Curley  Treasurer	126 Glentill Drive North Knystown R1 02852  126 Glentill Drive North Knystown R1 02852  126 Glentill Drive North Knystown R1 02874  ident 70 Meadowland Drive North Knystown R1 02852  Glentill Drive Saunderstown R1 02874  275 Beacon Drive North Knystown R1 02877
Dated: 6/25/02  * 9 8 9 3 1 *  FOR SECRETARY OF STATE USE ONLY  File Date: 2 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.  Strylane Parent Teacher Organized in Exact Name of Corporation  By  Title  Treasure  Tre
Check No.:	(Report must be signed by an officer)  Form No. 631  Revised 5/98

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

Corporate ID Number <u>DNP-98931</u>	Annual Report for the year 2001
1. The name of the corporation is Stony Lane	Parent-Teacher Organization
	of which it is incorporated is RHCDE ISLAND orporation in this state is 825 STONY LANE NORTH KINGSTOWN, RI
and the name of its registered agent in this satural.  4. The character of the affairs which it is actual.	state at that address is <u>ELIZABETH S. DOLAN, ESQ.</u> Ily conducting in Rhode Island, briefly stated, is <u>to plan programs</u>
	of Coltoral 7 Physical development of Stroy Love Star incipal office in the state or other jurisdiction under the laws of which it is
6. Corporate address in Rhode Island 93.5	Stony Lane UK BI 02952
7. Names and addresses of its directors and or number of directors of a domestic (Rhode Is	fficers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the identification shall not be less than three (3).)  ADDRESS
Director  Diana Ellusi Director	
Dagin Kannarer Vice-President  Brenda Ricci Secretary  Christice Civiley Tressurer	Beaun Dr. NK R 1 02952  Plan Rd NK R 1 02852  Beaun Drie NK R 1 02852
Dated: Doxnber 20, 2001	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.
* 9 8 9 3 1 *  FOR SECRETARY OF STATE USE ONLY	Story Lane Tarent-Teacher Organization  Exact Name of Corporation  By // Mic S. S. Mary Mary Mary Mary Mary Mary Mary Mary
File Date: 11 2001  Check No.: 1333	(Report must be signed by an officer)  Form No. 631  Revised 5/98

## 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

	Co	rporate ID Number <u>DNP-98931</u>	Annual Report for the year 2000
	1.	The name of the corporation is Stony	Lane Parent-Teacher Organization
	2.	The state or other jurisdiction under the	e laws of which it is incorporated is RHODE ISLAND
	3.	The address of the registered office of 02852	f the corporation in this state is 825 STONY LANE NORTH KINGSTOWN, RI
		and the name of its registered agent	n this state at that address is CANDY OHANIAN
	4.	The character of the affairs which it is	actually conducting in Rhode Island, briefly stated, is 10 plan programs
nAt	pro		CALAND Physical development of children Attending Stony Lake >
	5		fits principal office in the state or other jurisdiction under the laws of which it is
		incorporated is	<i>y</i>
	6.	Corporate address in Rhode Island_	SAME -825 Stony Lane North Kingstown, RI 02852
	7.	Names and addresses of its directors number of directors of a domestic (Ri	and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the node Island) corporation shall not be less than three (3).)
		NAME OFFICE	ADDRESS
	۲.	And As I along	
	3	and AS helau Director	
	_	Director	
	_	Director	1230 old BAPTIST ROAD North Kingstown, RIO2852
	Y	Heinzagen / Dei MAron Vice-Presider	(139.63)
yn	n <u>e</u>	THE THINK THE TENT	<del></del>
	_	Kristin Forest Secreta	•
	_	NAncy LAders Treasur	or 309 Wickham Road North Kingstown Rto 2852
	Da	ated: 6-19-2000	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.
			Stony Lane Parent-Teacher Organization Exact Name of Corporation
-		FILED	manat m O'Mana
		FOR SECRETARY OF STATE USE ONLY	By //augus // varporus
	File	Date: FEB 2 6 2001	Title President
	Che	ck No.: By VD AHO	(Report must be signed by an officer)
l	D.,,	25410	Form No. 631 Revised 5/98

### 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

Co	rporate ID Number <u>N</u>	ID-98931	Annual Report for the year 1999
		<u>નું</u>	Parent-Teacher Organization (SLS PTO)
2.	The state or other ju	risdiction under the law	ws of which it is incorporated is Rhode Island
3.			corporation in this state is 825 STONY LANE NORTH KINGSTOWN,
	RI 02852		·
	and the name of its	registered agent in th	is state at that address is KIM KRUGER Candy Chanian
4.	The character of the	affairs which it is acti	ually conducting in Rhode Island, briefly stated, is +o plant finance
	Stogamms The	nt promote the	aducational, cutural aphysical development of the
5	If a foreign corporat	tion, the address of its	principal office in the state or other jurisdiction under the laws of which it is
	incorporated is		
6.	Corporate address i	in Rhode Island <u>s</u>	ame as 3)
7.	Names and address number of directors	ses of its directors and of a domestic (Rhode	officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the Island) corporation shall not be less than three (3).)
	NAME	OFFICE	ADDRESS
		Director	
		Director	
_ 	largard b'Alf	Director	
	langard b'Alf	Director	391) 33 Carrie Lane North Kingstown, RI 0885
<u>c</u>	ionaly Ohania	Director Poes of Director  President 9	ny 1230 012 Baptist Road No. Kinggtown RIOSES
2 2	ionayOhania lacgacet DIA	Director Poes of Director  President 9	1230 012 Baptist Road No. Kinggtown, RIOSS 16 Viking Court North Kingstown, RIOSS
2 2 2 2	ionayOhanio lacgacet DIA Pam Slatti	Director President  NIFanta Vice-Preside Secretary	391) 33 Carrie Lane North Kingstown, RI 0885
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	longacet DIA Pam Statti Kathy Camman	Director President  NIFanta Vice-Preside Secretary	1230 Old Boptist Road No. Kingstown, RIOSSS 16 Viking Court North Kingstown, RIOSSS 199 Plain Road North Kingston RI 03852
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ionayOhanio lacgacet DIA Pam Slatti	Director President  NIFanta Vice-Preside Secretary	1230 Old Baptist Road No. Kingstown RIOSSS 16 Viking Court North Kingstown RIOSSSS 199 Plain Road North Kingstown RIOSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	longacet DIA Pam Statti Kathy Camman	Director President  NIFanta Vice-Preside Secretary	1230 012 Court North Kingstown, RI 02852  16 Viking Court North Kingstown, RI 02852  199 Plain Road North Kingston RI 02852  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.
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	longacet DIA Pam Statti Kathy Camman	Director President  NIFanta Vice-Preside Secretary	1230 012 Baptist Road No. Kingstown, RI 02853  16 Viking Court North Kingstown, RI 02852  199 Plain Road North Kingston RI 02852  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.  Story Lane Parent Teachers Organization
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Condy Ohania langa cet DIA Pam Statti KARy Camman ated:	Director President Vice-Preside Secretary Treasurer	1230 012 Court North Kingstown, RI 02852  16 Viking Court North Kingstown, RI 02852  199 Plain Road North Kingston RI 02852  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.
C C C C C C C C C C C C C C C C C C C	longacet DIA Pam Statti Kathy Camman	Director President Vice-Preside Secretary Treasurer	1230 012 Baptist Road No. Kingstown, RI 02853  16 Viking Court North Kingstown, RI 02852  199 Plain Road North Kingston RI 02852  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.  Story Lane Parent Teachers Organization
C C C C C C C C C C C C C C C C C C C	Condy Ohania  lacga cet DIA  Cam Siatti  KATY Cammar  ated:  9 8 9 3  FOR SECRETARY OF ST.  e Date:	Director President 9  NIF 2000 Vice-Preside Secretary Treasurer  ATE USE ONLY	1230 Old Baptist Road No. Kingstown, RI 0385 3  16 Viking Court North Kingstown, RI 0385 2  199 Plain Road North Kingstown, RI 0385 2  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.  Stony Lane Panent Teachers Organizated Companization  Exact Name of Corporation  By Canaly Change Panent Teachers Organization  Title President Statusfane PTO
C CV C	consy Ohania lacga set DIA Cam Statti KARry Cammad ated:  \$ 9 8 9 3  FOR SECRETARY OF ST	Director President 98 NF 6750 Vice-Preside Secretary Treasurer  ATE USE ONLY  ATE USE ONLY	1230 012 Baptist Road No. Kingstown RIOSSS  16 Viking Court North Kingstown RIOSSS  169 Plain Road North Kingston RI 03852  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.  Story Lane Parent Teachers Organism  Exact Name of Corporation  By Canaly Clane