

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

Matthew A. Brown, Secretary of State

Corporations Duns 100 North Main Str. Providence, RI 02903-13 401-222-36

#### 

2005

I. Corporate ID No	2 Name of Corporation		<del></del>			
74035 ~	Jamestown Parent Teacl	Jamestown Parent Teacher Organization				
State of Incorporation RHODE ISLAND	4 Corporate address in A 76 Melros	Rhode Bland Street Address		James 1	2up 20083	
Foreign corporation, Enter p		, , , , , , , , , , , , , , , , , , ,	Cuy	State R/	Zip	
	INTEREST OF THE CHI	LDREN IN HOME AND	SCHOOL THRU COOPERATION		•	
President Name SHERR		: ("X" BOX FOR ATTACE	MENT) THE FILL IN SPACES B Vice President Name DORI HIPSH	EFORE USING	ATTACHMENTS •	
Street Address 67 K	DORTH ROAD		39 Hawthorne	e Rd.		
JAMESTOWN	State 21	<sup>Zup</sup> 02835	JAME STOWN	State Z1	<sup>249</sup> 02.833	
KERI REAR	PON		NSA LAWLES	ς		
Street Address 🙀 📆	net View 1	Mesho	Street Address	ST.		
30 Boh	net view a		I II COMONADO	<u> </u>		
	State RI	Zip 02-835	TAMESTOWN	State R1	62835	
TAMESTOWN  3. NAMES AND ADDRESS	State RI  SES OF THE DIRECTOR	7:10 <b>02835</b> RS: ("X" BOX FOR AITA	CHMENT) FILL IN SPACES E	State  RI  BEFORE USING	ATTACHMENTS	
TAMESTOWN  3. NAMES AND ADDRESS THE NUMBER OF DIRECT	State RI  SES OF THE DIRECTOR	7:10 <b>02835</b> RS: ("X" BOX FOR AITA	COMPORATION SHALL NOT	State  RI  BEFORE USING	ATTACHMENTS	
TAMESTOWN  B. NAMES AND ADDRESS THE NUMBER OF DIRECTOR NUMBER SUSAN	State RI  SES OF THE DIRECTOR	7:10 <b>02835</b> RS: ("X" BOX FOR AITA	CIP.  JAMESTOWN  CHMENT) FILL IN SPACES E  CORPORATION SHALL NOT Directic Name  Aun Peill	State  RI  BEFORE USING	ATTACHMENTS	
TAMESTOWN  3. NAMES AND ADDRESS THE NUMBER OF DIRECTOR NUMBER  OUTCOLOR NU	RI SES OF THE DIRECTOR STORS OF A DOMESTIC  Piccere li	C (RHODE ISLAND)	COMPORATION SHALL NOT	State  RI  BEFORE USING	ATTACHMENTS  THREE (3): R.I.G.L. 7-6-	
TAMESTOWN  B. NAMES AND ADDRESS THE NUMBER OF DIRECT Director Name  Susan  inect Address  Lease  Lease  Susan	RI SES OF THE DIRECTOR STORS OF A DOMESTIC  Piccere li	C (RHODE ISLAND)	CHESTOWN  CHMENT) FILL IN SPACES E  CORPORATION SHALL NOT Director Name  Street Address	State  R1  BEFORE USING  REJESS THAN	ATTACHMENTS  THREE (3): R.I.G.L. 7-6-	
AMESTOWN B. NAMES AND ADDRESS THE NUMBER OF DIRECT Director Name Susan inect Address Address Susan	State  RI  SES OF THE DIRECTOR  CTORS OF A DOMESTIC  Piccerelli  Sich Dhim  State	C (RHODE ISLAND)	CITY ESTOUM  CHMENT) FILL IN SPACES E  CORPORATION SHALL NOT  Director Name  Aun Reil  Street Address  2 Spauker	State R1 BEFORE USING BEJESS THAN	ATTACHMENTS  THREE (3): R.I.G.L. 7-6-	
AMESTOWN B. NAMES AND ADDRESS THE NUMBER OF DIRECT DIRECT Address The Little Secons Director Name Director Name Little Secons Director Name Little Secons	State RI SES OF THE DIRECTOR STORS OF A DOMESTIC  PICCETE LI Sich Director  State RI	C (RHODE ISLAND)	CITY TESTOWN  CHMENT) FILL IN SPACES E  CORPORATION SHALL NOT I  Directly Name  Akm Peil  Street Address  2 Spaker  City Termestown	State R1 BEFORE USING BEJESS THAN	ATTACHMENTS  THREE (3): R.I.G.L. 7-6-	
AMESTOWN B. NAMES AND ADDRESS THE NUMBER OF DIRECT DIRECTOR NAME SUSAN TOWNSTOWN TOWNSTOWN DIRECTORNAME Liz Townstown Townstown Townstown Townstown Townstown Townstown Townstown	State RI SES OF THE DIRECTOR STORS OF A DOMESTIC  Piccere li Sich Din  State RI  Byine Wiak Sh	Zip 02835  RS: ("X" BOX FOR AITAL C (RHODE ISLAND)  Zip 02835  Zip 02835	CHY JAMESTOWN CHMENT) FILL IN SPACES E CORPORATION SHALL NOT I Director Name  Street Address  2 Spaker  City Jamestown  Director Name  Street Address  City	State R1 SEFORE USING RE-JESS THAN State State State	ATTACHMENTS  THREE (3): R.I.G.L. 7-6-  Three (5): R.I.G.L. 7-6-	
AMESTOWN 3. NAMES AND ADDRESS THE NUMBER OF DIRECT DIRECTOR NAME SUSAN TOWN JAMES TOWN J	State RI SES OF THE DIRECTOR STORS OF A DOMESTIC  Piccere li Sich Din  State RI  Byine Wiak Sh	Zip 02835  RS: ("X" BOX FOR AITAL C (RHODE ISLAND)  Zip 02835  Zip 02835	CHESTOWN  CHMENT) FILL IN SPACES E  CORPORATION SHALL NOT I  Director Name  City  Tamestorn  Director Name  Street Address  Space  Sirect Address  Sirect Address	State R1 SEFORE USING RE-JESS THAN State State State	ATTACHMENTS  THREE (3): R.I.G.L. 7-6-  Three (5): R.I.G.L. 7-6-	
AMESTOWN B. NAMES AND ADDRESS THE NUMBER OF DIRECT DIRECTOR NAME SUSAN TOWNSTOWN TOWNSTOWN DIRECTORNAME Liz Townstown Townstown Townstown Townstown Townstown Townstown Townstown	State RI SES OF THE DIRECTOR STORS OF A DOMESTIC  Piccere li Sich Din  State RI  Byine Wiak Sh	Zip 02835  RS: ("X" BOX FOR AITAL C (RHODE ISLAND)  Zip 02835  Zip 02835	CHY Spaces E CORPORATION SHALL NOT Director Name  Street Address  City	State R1 SEFORE USING RE-JESS THAN State State State	ATTACHMENTS  THREE (3): R.I.G.L. 7-6-  Three (5): R.I.G.L. 7-6-	
AMESTOWN B. NAMES AND ADDRESS THE NUMBER OF DIRECT DIRECT Address  James town Director Name Liz  Townstown D. REGISTERED AGENT I  Regist Name	State RI SES OF THE DIRECTOR STORS OF A DOMESTIC  Piccere li Sich Din  State RI  Byine Wiak Sh	Zip 02835  RS: ("X" BOX FOR AITAL C (RHODE ISLAND)  Zip 02835  Zip 02835	CHESTOWN  CHMENT) FILL IN SPACES E  CORPORATION SHALL NOT I  Director Name  City Temestorm  Director Name  Street Address  City Temestorm  Cit	State RI SEFORE USING RE-JESS THAN State State State A1 - R.I.G.L. 7	ATTACHMENTS  THREE (3): R.I.G.L. 7-6-  Three (5): R.I.G.L. 7-6-	



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

Office of the S	Secretary of State	e e			401.2.	22.3
NON-PROFIT C Filing Period: June 1 - Ju	ORPORA ne 30 🍎 Fil	ATION ANNU A	AL REPORT FOR T	THE YEAR 20	004	
FORM MUST BE TYPED OR I						
1 Corporate ID No	2 Name of Co	•				
74035		Parent Teacher Organ				
3 State of Incorporation		ddress in Rhode Island Stree		City	Zιp	
RHODE ISLAND		SE AVENUE, P.O.	BOX 318	JAMESTOWN	02835	
5 Foreign corporation Enter pr	rmcipal office ada	lress	Cav	State	Zιρ	
6 Brief Description of the charac						
TO PROMOTE THE BEST	INTEREST O	F THE CHILDREN IN	HOME AND SCHOOL THRU CO	OPERATION OF FAMI	LY AND TEACHE	RS.
7. NAMES AND ADDRESS President Name	SES OF THE O	FFICERS ("X" BOX FO.	RATTACHMENT) □ FILL IN SPA	CES BEFORE USING ATT	TACHMENTS	
KAREN RAFANELLI			Vice President Name			
Street Address			ANA ROSA Street Address			
76 MELROSE AVENUE			76 MELROSE AVENU	Ξ		
Cay	State	Zip	City	State	Zip	
JAMESTOWN	RI	02835	JAMESTOWN	RI	02835	
Secretar Name DORI HIRSCH			Treasurer Name SUSAN MERRIAM			
Sireer Address 76 MELROSE AVESNUE			Street Address			
City		_	76 MELROSE AVENU	E		
JAMESTOWN	State R I	<i>Ζφ</i>	Cuv	State	Zip	
		02835	JAMESTOWN	RI	02835	
6. NAMES AND ADDRESS THE NUMBER OF DI	ES OF THE D RECTORS OF A	IRECTORS ("X" BOX F I DOMESTIC (RHODE IS:	<i>OR ATTACHMENT)</i>	ACES BEFORE USING AT IT BE LESS THAN THREE	TTACHMENTS E (3).R.LG.L 7-6-23	
Director Name			Director Name			
KAREN RAFANELLI			ANA ROSA			
Street Address			Street Address		ذي .	,
76 MELROSE AVENUE			76 MELROSE AVENU	Ε	\$* ****	-
Car	State	7.ip	City	State	Zip	_
JAMESTOWN	RI	02835	JAMESTOWN	RI	02835	
Director Name			Director Name		· ·	
DORI HIRSCH			SUSAN MERRIAM		_	• •
Sircei Address 76 MELROSE AVENUE			Street Address 76 MELROSE AVENU	Ε	٠ سر	ć
$\Omega u_{V}$	State	Zip	Cay	State	Zip -	
JAMESTOWN	RI	02835	JAMESTOWN	RI	02835	
9. REGISTERED AGENT I. gent Name	N RHODE ISL	AND -DO NOT ALTER- C	hanges require filling of F		3 / 7-6-78	

76 MELROSE AVENUE JAMESTOWN 02835

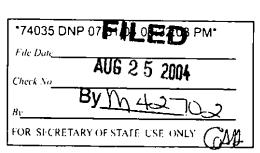
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Cny



SUSAN MERRIAM

Address



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 bettern are true and correct.

| Accepted | 8/3/04 |
| Signature of Officer | Date |
| Front or Tipe Name of Officer |

Zip



JAMESTOWN SCHOOL



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

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: June 1 - Ju	ne 30 🏓 Filing Fo	ee: \$20.00		D IDAK	
(FORM MUST BE TYPED OR I	PRINTED IN BLACK)	•			
1. Corporate ID No. *74035*	2. Name of Corporation  Jamestown Parer	nt Teacher Organizatio	n ·	····	
3. State of Incorporation		in Rhode Island -Street Add		City	Zip
RHODE ISLAND	76 MELROSE A	VE POR BOX 31		JAMESTOWN	02835
5. Foreign corporation: Enter p	incipal office address		City	State	Zip
6. Brief Description of the character TO PROMOTE THE BEST	tier of the affairs which a INTEREST OF THE	re actually conducted in R CHILDREN IN HOM	hode Island B AND SCHOOL THRU COOP	BRATION OF FAMI	LY AND TEACHERS.
7. NAMES AND ADDRESS	ES OF THE OFFICE	RS CAT BOX FOR ATT	ACHAENI)   FILL IN SPACES	BEFORE HEING ATT	A CHIMPATTO -
			Vice President Name	DEFORE USINGAT	ACCUMENTS.
KAREN RAFANELLI		·	.MARY WADDINGTON		
76 MELROSE AVENUE			Street Address		
City	State	[7:-	.76 MELROSE AVENUE		S S
JAMESTOWN	RI	<i>Zip</i> 02835	City JAMESTOWN	State	<i>II</i> 000
Secretary Name	177	102033	Treasurer Name	RI	双2835
LISA CARLISLE			CYNTHIA WATERMAN		22.40
Street Address		····	* Street Address		<u> </u>
76 MELROSE AVENUE			.76 MELROSE AVENUE		# 255 
City	State	Zip	City	State	- <u>- 一                                 </u>
JAMESTOWN	RI	02835	JAMESTOWN	RT	0202577
8 NAMES AND ADDRESS	ES OF THE DIRECT	ORS CX BOX FOR AT	TACHMENT) [ FILL IN SPACE	S BEFORE USING AT	
THE HOLDEN OF DA	RECTORS OF A DOME	STIC (RHODE BLAND,	CORPORATION SHALL NOT B	E LESS THAN THREE	(3).FLG.L 7-6-23
Director Name	A		Director Name	··-	
LINDA BABI	CH	<u> </u>	: CYNTHA MON	LETTI	
Street Address	4.10.11.0		Street Address		
74 MELROSE	AVENUE	T <del>2</del> /	: 16 MELNOSE	AVEAUE	
TAMESTUWN Director Name		02535	: Amesour	State	0 2835
KANEN CAM	P		Director Name PETRIE	·• • • • • • • • • • • • • • • • • • •	
Street Address 14 MEUNO 84	WEARE		· Street Address No MELNOSE	AVEAUE	
JAMESTUWN	State	02835	City	State	Zip
9. REGISTERED AGENT IN	PHODE ISLAND	O NOT ALTCO Cham	: JAMESTULL) gas require filing of Form	l M	02535
gent Name	I I I I I I I I I I I I I I I I I I I	JO AUT ACTER- Chan	ges require tiling of Form	n 641 -R.LGL 7-6-13	17-6-78
SUZANNE FAY	·		P.O. BOX 318		
Address			City	Zip	
76 MELROSE AVENUE			JAMESTOWN	02835	
This report must be signed	in ink by either the	e President Vice Pro	sident, Secretary, Assistant S		
7	on by cliner in	e i resident, rice rie.	stuent, secretary, Assistant s	ecretary, Treasure	r, Receiver or Trustee
	DEL S A LOND CONTROL CONTROL CONTROL				
* 7 4	0 3 5 *		Under penalty of perjury, I	declare and affirm tha	t I have examined
			this report, including any ac	companying schedule	s and statements.
*74035 DNP6/3/0312-11	18 EW		and that all statements cont	ained herein are true p	nd correct.
File Date			1 1111/10/10/10	4. 6/	30/02
MAN	1 0 2003	•	Signiquire of Officer	Date Date	<u>~ / 0 5</u>
Check No. NUV	12 2003		CYUTHA	WATERA	
By M	111926	(CAN)	Print or Type Name of Officer		
FOR SECRETARY OF STATE U	SE ONLY	(C) 13	THEASUNG	<u>~</u>	
<del></del>			Title of Officer		Form 631 Rev. 6/02



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

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

Form 631 Rev. 6/02

NON-PROFIT COPPORATION ANNUAL DEPORT FOR

NON-PROFIT ( Filing Period: June 1 - J	CORPORAT	ION ANNUA] Fee: \$20.00	L REPORT FOR T	THE YEAR 20	002
(FORM MUST BE TYPED OF	R PRINTED IN BLACK)				
1. Corporate ID No.  *74035*	2. Name of Corpora	tion		<del></del>	
1	Jamestown Par	ent Teacher Organiza	ation		
3. State of Incorporation RHODE ISLAND	4. Corporate addres	s in Rhode Island -Street A		City	Zip
	76 MELROSE	AVE POR BOX	318	JAMESTOWN	02835
5. Foreign corporation: Enter			City	State	Zip
6. Brief Description of the char TO PROMOTE THE BES	racter of the affairs which T INTEREST OF T	are actually conducted in EE CHILDREN IN B	n Rhode Island OME AND SCHOOL THRU CO	OPERATION OF FAMI	LY AND TRACHERS.
7. NAMES AND ADDRE	SSES OF THE OFFICE	ERS!C'X" BOX FOR	TTACHMENT)     FILL IN SPAC	CPC PRECORE LIONIC -	
			Vice President Name	LES BEFORE USING ATT	ACHMENTS
KAREN CAMP			.KAREN RAFANELLI	-	
Street Address			Street Address		5311
76 MELROSE AVENUE	<u> </u>		.76 MELROSE AVENU	Ε	
City	State	Zip	City	State	Z/p (T)
JAMESTOWN	RI	02835	JAMESTOWN	RI	02835.7
Šečrelary Name		• • • • • • • • • •	Treasurer Name		छ- । इस् <i>रेश</i> न • • •
LISA CARLISLE	·		SUZANNE FAY	<u> </u>	3 52 Z
Street Address			Street Address		<del>_</del>
76 MELROSE AVENUE			.76 MELROSE AVENUE	: 3	
City	State	Zip	City	State	5   Zin =
JAMESTOWN	RI	02835	JAMESTOWN	DT 4	
8 NAMES AND ADDRES	SES OF THE DIREC	TORS ( X BOX FOR	ATTACHMENT)   FILL IN SPA	CES BEFORE USING AT	
THE TAX TO STATE OF THE TAX TO STATE OF THE TAX TO STATE OF TA	DIRECTORS OF A DOM	MESTIC (RHODE ISLA)	ND) CORPORATION SHALL NO	BE LESS THAN THREE	(3).RLG.L.7-0-23
Director Name			Director Name		
ANN MALLE	DAMILL		: BENEWY R		
Street Address			Sireei Address	UBMAN	<del></del>
74 MELROSE	AVENUE			Ann a	
City	State	Zip	:76 MELROSE	AVEAUE STORE	100
JAMES TOWN	J. 14	02535.		Suite PC	02535
CYNTHIA WA	TERMAN		•		
Street Address  A Sa. A. O.S. 2	Avenue		·Sirret Address		
City	State	Zip	City	State	Zip
JAMESTUWN	N	02535	•		'
REGISTERED AGENT	IN RHODE ISLAND	DO NOT ALTER- Cha	inges require illing of Fo	rm 641 -R (GL/7-6-1)	17-6-78
~			Address		1.0-10
SUZANNE FAY			P.O. BOX 318		
Iddress		<del></del>	City	17:-	<del></del>
6 MELROSE AVENUE	•		, ·	Zip	
<del></del>			JAMESTOWN	02835	
his report must be signe	d in ink by either t	he President, Vice P	resident, Secretary, Assistan	it Secretary, Treasure	r. Receiver or Trustee
i (88:10 teau	8/8/1 88/88 (/IB) 8/1/ (8a)				
	<u> </u>				·
	SISK ČOKOŽ IMOLŠKI IDRI		11 A		
* 7	4 0 3 5 *		Under penalty of perjury	, I declare and affirm that	I have examined
*74025 DND0/0/0040		٦	this report, including any	accompanying schedule	s and statements,
*74035 DNP6/3/0312		1	and that all statements co	ontained herein are true as	nd correct
File Date	To the September of the		(1211,116. A)	/ 6	1/20/10
<u> </u>	)V:12 2003		Signature of Officer		צטן סבן
Check No.	- · , - · · · · · · · · · · · · · · · ·	<b>L</b>	Organiare of Officer	Date	· - —
By	M11900	BM —	CYNTHIA	WATERMAN	
3 <u>kr</u>		_	Print or Type Name of Office	CET	
OR SECRETARY OF STATE	USE ONLY		Massura	V	
		_	Title of Officer		Form 631 Rev. 6/02

### 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-P	PROFIT CORPORATION			
Corporate ID Number <u>DNP</u> -	74035	Annual Report for the year 2001			
1. The name of the corpora	tion is Jamestov	n Parent Teacher Organization			
2. The state or other jurisdic	ction under the lav	ws of which it is incorporated is RHODE ISLAND			
3. The address of the registered office of the corporation in this state is <u>76 MELROSE AVENUE P.O. BOX 318</u> JAMESTOWN, RI 02835					
and the name of its regi	stered agent in thi	s state at that address is NANCY CRAWFORD SUZAMINE FAY			
		Leally conducting in Rhode Island, briefly stated, is			
5 If a foreign corporation, to		principal office in the state or other jurisdiction under the laws of which it is			
• —		76 MELROSE AUE, PO BOX 318, TAMESTOWN, RI 0283;			
7. Names and addresses of a number of directors of a NAME	of its directors and 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).)  ADDRESS			
SHAWN MAYERS	Director	28 WHITTIER RD, JAMESTOWN RI 02835			
ANN-MARLE DEREY		161 DATREPIDUANE, JAMESTOWN, RZ-02835			
KARON RAFANELL		433 SCHOONER AVE, TAMESTOWN REL 07835			
KAREN CAMP	President	18 COUMBIA LANE, TAMESTIWN RI 02835			
BEV RUDMAN		INT GRANK LANG TAMESTOWN RT 02835			
LISA CAPUSLE	Secretary	WEST PASSAGE STREET TAMESTOWN RT 02835			
SUZANNE FAY	Treasurer	I SWINBURNE ST. JAMESTOWN, P.I. 02835			
Dated:		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.			
		JAMES TOWN PARENT TEACHER ORGANIZATION			
* 7 4 0 3 5		Exact Name of Corporation			
FOR SECRETARY OF STATE V	SEONLY	By Suzanne Lay			
ile Date: JUN 13 2	<del>1991</del>	Title(Report must be signed by an officer)			
Check No.: By 100	541	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

NO	ON-PROFIT CORPORATION				
Corporate ID Number <u>DNP-74035</u>	Annual Report for the year 2000				
1. The name of the corporation is <u>Jan</u>	nestown 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 <u>76 MELROSE AVENUE P.O. BOX 318</u> JAMESTOWN, RI 02835					
and the name of its registered agen	t in this state at that address is NANCY CRAWFORD				
	is actually conducting in Rhode Island, briefly stated, is <u>furally conducting in Rhode Island, briefly stated, is furally conducting in Rhode Island, briefly stated, is furally conducting in Rhode Island, briefly stated, is</u>				
5 If a foreign corporation, the address	of its principal office in the state or other jurisdiction under the laws of which it is				
incorporated is					
	rs and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the Rhode Island) corporation shall not be less than three (3).)				
NAME OFFICE	ADDRESS				
Marcy Crawford Director  Marcy Crawford Treasure  March Camp Director  March March Camp Director  Marcy Crawford Treasure  Marcy Crawford Treasure	148 Beacon Are Jamestown RI Ca835  11 Fox Run Tomestown RI Ca835  Int 135 (rdar Hill Dr. Jamestown 02835  resident 161 Interpred Lune Jamestown 02835  170 Fright St., lanestown 02835				
Dated:	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.  James town Parent Jeacher Organization  Exact Name of Corporation				
FOR SECRETARY OF STATE USE ONLY File Date: 25G	Title				
Check No.:	Form No. 631 Revised 5/98				

∵ **-** ling 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

		14014-6	ROPH CORPORATION	
Co	prorate ID Number <u>ND-74</u>	035	A	nnual Report for the yea <u>r 1999</u>
1.	The name of the corporati	ion is <u>Jamestow</u>	n Parent Teacher Organization	
2.	The state or other jurisdict	ion under the lay	vs of which it is incorporated is Rho	de Island
3.	The address of the registr	ered office of the	corporation in this state is 35 CAL	VERT PLACE JAMESTOWN, RI
	and the name of its regist	ered agent in this	s state at that address is LAURA GC	LDSTEIN
4.	The character of the affair	s which it is actu Chuldrin Wi	ally conducting in Rhode Island, brief Winklamd Och Mil Than	ly stated, is promote the
5	If a foreign corporation, the incorporated is	e address of Rs p	rincipal office in the state or other ju	isdiction under the laws of which it is
6.	Corporate address in Rho	de Island	ee attached lett	t Alrade
	76 Meliose Au	2 POBOX 3	318 Janustown,	E1 02835
7.	Names and addresses of in number of directors of a do	ts directors and comestic (Rhode I		f the R.I.G.L. 1956, as amended, the an three (3).)
,	NAME	OFFICE	ADDRI	:SS
<u>K</u>	but HOLTZMAIL	_Director		ustown RI 02835
2	work Autes	Director		
$\frac{u}{1}$	un Marie Differ	<del>/-</del>	TO THE PICE MODILE	mestown El 02835
	rura Bucklin	President		istown RI 02835
	war kutes	Vice-President	- So Carac state Trive	
	MA MULL	Secretary Treasurer		emestown RI 02836
<u> </u>	ney Crawford	——————————————————————————————————————	110 mast St. Jamestou	n E1 02835
Date	ed:	 	Under penalty of perjury, I declare and report, including any accompanying schall statements contained herein are true	edules and statements, and that and correct
			Jamestown Parent Stacke	L Organization
	Oli aconum di di di	<b>े १८, 1</b> 14 भेड़ ।।	Exact Nam	e of Corporation
	OR SECRETARY OF STATE USE (	DNLY	By Naxcy Crawford	
Checl	k No.:	22800	Title Ressures	·
	570/9 C	-	(Report must be s	gned by an officer)
3y: _				Form No. NP-13 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

#### NON-PROFIT CORPORATION

		MON-P	HOFIT CORPORATION
Со	prporate ID Number ND-74	035	Annual Report for the year 1998
1.	The name of the corporati	on is <u>Jamestow</u>	n Parent Teacher Organization
2.	The state or other jurisdict	ion under the law	vs of which it is incorporated is RHODE ISLAND
3.	The address of the registe 02835	ered office of the	corporation in this state is 35 CALVERT PLACE JAMESTOWN, RI
	and the name of its regist	ered agent in this	s state at that address is LAURA GOLDSTEIN
4.	The character of the affair and Social activities	s which it is actually for	the Jamestown School
5			principal office in the state or other jurisdiction under the laws of which it is
6.	Corporate address in Rho	de Island <u>C/0</u> P1	daura Good Stein 35 Calvert Place
7.	Names and addresses of in number of directors of a do	ts directors and comestic (Rhode I	officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the sland) corporation shall not be less than three (3).)
	NAME	OFFICE	ADDRESS
A ACM	una Loidstein tricia. Ritacco an Marie Deffley Dri heonordo ureen Rotundo zonne Sakovitz-	DirectorDirectorDirectorPresidentVice-PresidentSecretary	35 Calvert Place Jamestown, RI 02835 161 Sloop Street Jamestown RI 02835 161 Intrepid have Jamestown RI 02835 Seaside Drive Jamestown RI 02835 Americas Way American RI 02835 American Way Jamestown RI 02835
þ.	acy Crawford	Treasurer	110 mast St Vanustown E1 028.35
Dat	ed: <u>June 30, 1</u>	998	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.  Jamestown Porent Jeacher Organization  Exact Name of Corporation
ile l	FOR SECRETARY OF STATE USED  LEK No.:  SOLUTION  SOLUTIO	ONLY —	By Narry Crawford   Arena Goldskin  Title Ireasurer   advisor    (Report must be signed by an officer)
y: _	WT		Form No. NP-13 Revised: 5/98

FTACH ROTTOM RECORE PETI IDNING

Corporate ID Number.......0074035

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To be filed annually during the month of June

Annual Report for the year.....1997.

### State of Rhode Island and Providence Plantations

Corporation Division 100 North Main Street Providence, RI 02903

#### **NON-PROFIT CORPORATION**

	JamestownRarentTeacherOrganization
SECOND: It is incorporated under the	laws of RHODE ISLAND
THIRD: The character of the affairs wh	nich it is actually conducting in Rhode Island, briefly stated, is
SUPPORT SERVICES FOR TEACH	HERS AND PARENTS
	address of its principal office in the state or country under the laws of
which it is incorporated is	······
FIFTH: Corporate address in Rhode Is	land 35 Calvert Place, Jamestown, RI 02835
	0/0 Laura Goldstein
SIXTH: Names and addresses of its dir Reenactment of 1994, the number of Directors	rectors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, of a corporation shall not be less than three (3).)
THIS REPORT WILL NOT BE AC	CEPTED UNLESS THREE (3) DIRECTORS ARE LISTED.
NAME OFFICE	ADDRESS
Susan Goreliae Director	20 Book Ave, Jamestun, RJ 02835
Pat Ritacco Director	161 Sloop Street, Jamestown, RI 02835
Karen Camp Director	50 Cole Street, Jamestown, RI 02836
Suran Gordide Pot Ritocco President	20 Bork Ave /161 Sloop St Jamesbur, RI 02835
Karen Camp / Laurel Kerr Vice-President	50 Cale Street / 78 Southwest Are Jameston, PI 02838
Haureen Rotondo secretary	210 America Way, Jamestown, RI 02835
Loci. LeonosãoTreasurer (If additional space is needed, attach rider)	255 Seaside Drive, Jamestoin, RT 02835
Dated:P.A.I.D19	JAMESTOWN PARENT TEACHER ORGANIZATION
• .	(Name of Corporation)
JUN 1 7 1997	By Hatucier & Kutacer
SEC'Y OF STATE	Title Co- President
If the corporation has changed its region	(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed.

Please contact the Corporation Division, 277-3040, for further information.

To be filed annually during the month of June

#### State of Rhode Island and Providence Plantations

Corporation Division 100 North Main Street Providence, RI 02903

#### **NON-PROFIT CORPORATION**

Corporate ID Number	0074035	Annual Report for the year1396
FIRST: The name o	of the corporation is	.Wadestown Parent Teacher Organization
SECOND: It is inco	porated under the	laws of Rhode Island
THIRD: The charact	ter of the affairs wh	ich it is actually conducting in Rhode Island, briefly stated, is
To promote the best no	erests of childre	n, in the home and school
FOURTH: If a foreig	on corporation, the	address of its principal office in the state or country under the laws of
which it is incorporated is	•••••	
FIFTH: Corporate a	ddress in Rhode Isl	and Deborah A. Fopped, 48 Walcott Avenue
••••		tour RI0283T
	addresses of its di	rectors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, of a corporation shall not be less than three (3).)
THIS REPORT W	TLL NOT BE AC	CEPTED UNLESS THREE (3) DIRECTORS ARE LISTED.
NAME	OFFICE	ADDRESS
Patricia Evangel	Director	8 Reise Rd Jamestewn RI 2357
Lourel Kerr	Director	141 Southwest Ave Jamestown RI 02855
Robin Yorke	Director	200-Copstan St James taun RI 2835
Robin Yoffa	President	200 (apston St Timestown R.I. 000557
Lourel Kerr	Vice-President	141 Southwest Fre Jamestown RI 02835
Louis helds time		
Laura Guldstrine Patricia A. Evangelis	Secretary	35 Calvert Place, Jampstown Rd ocosy & Reise Road Jampstown RL ocoss
Patricia A. Evangelis (If additional space is needed	Secretary	35 Calvert Place, Jampstown Rd ocess
Patricia A. Evangelis (If additional space is needed  Dated: 6/30	Secretary Treasurer attach rider)	35 Calvert Place, Jamestown 121 octos; Reise Road Johnstrum RI octos; Jomestown Parent Teacher Organization
Patricia A. Evangelis (If additional space is needed	Secretary Treasurer attach rider)	35 Calvert Place Jamestown RI 02835  Reise Road Jamestown RI 02835  Jamestown Parent Teacher Organization (Name of Corporation)
Patricia A. Evangelis (If additional space is needed  Dated: 6/30	Secretary  Treasurer , attach rider)	35 Calvert Place, Jamestown 121 octos; Reise Road Johnstrum RI octos; Jomestown Parent Teacher Organization

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed.

Please contact the Corporation Division, 277-3040, for further information.

#### State of Rhode Island and Providence Plantations

**Corporation Division** 100 North Main Street Providence, RI 02903

#### **NON-PROFIT CORPORATION**

Corporate ID Number 0074055	. Annual Report for the year1995
FIRST: The name of the corporation is	Jamestown Parent Teacher Organization
SECOND: It is incorporated under the	laws of Rhode Island
	arch it is actually conducting in Rhode Island, briefly stated, is
To promote the best interests of	children in the home and school.
FOURTH: If a foreign corporation, the	address of its principal office in the state or country under the laws of
which it is incorporated is	*
·	land Deborah A. Foppert, 48 Walcott Avenue,
	Jamestonn, BI 02835
	rectors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, of a corporation shall not be less than three (3).)
THIS REPORT WILL NOT BE AC	CEPTED UNLESS THREE (3) DIRECTORS ARE LISTED.
NAME OFFICE	ADDRESS
Patricia A. Evengelista Director	BReise Rd Jamestown RJ 02835
Robin Yoffs Director	200 Capstan Street James town RI 028:5
Laura Goddskin Director	35 When Adde Jamestom RI 02855
Laura Goldstein President	35 Calvert Place , Jamestam RIAUZB35 ";
Robin Yoffa Vice-President	7 1 100
Secretary	, , , , , , , , , , , , , , , , , , , ,
Patricia A. Evange USA Treasurer (If additional space is needed, attach rider)	8 Reise Road Jamestown RI 02835
Dated:15	Imestown Parent Teacher Organization
PAID	(Name of Composition)  By Katricia a Everyelista
JUN 2 9 1995	Transport
SEC'Y OF STATE	Title (Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed.

Please contact the Corporation Division, 277-3040, for further information.

Form No N-13

To be filed annually during the month of June

## State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

Corporate ID Number 0074035	Annual Report for the year 1994
FIRST: The name of the corporation is	Jamestown Parent Teacher Organization
SECOND: It is incorporated under the law	ws of RHODE ISLAND
	ch it is actually conducting in Rhode Island, briefly stated, is
FOURTH: If a foreign corporation, the a which it is incorporated is	ddress of its principal office in the state or country under the laws of
•	
JAMESTOWN, RHODE ISLAND	nd DEBORAH A. FOPPERT, 48 WALCOTT AVENUE,
······································	الله الله الله الله الله الله الله الله
SIXTH: Names and addresses of its direct	
(Addresses n	nust include street and number, if any)
NAME OFFICE	ADDRESS
PATRICIA Pereira Director	
Parpiona Grakenhoff Director	211 Gordola Ave., JAM45DWN RIOX835 133 Anique ST. JAM45DWN, RI 02835
PARRICIA EVANGELISTIA Director	8 Ruse Rd, JUMESTOWN, RI 02635
Parricia Peveira President	211 gordola Ave. JAMESTUWN, RI 02835
	11 831 North MAIN Rd. JAMESDIAN RT 0083
Particin brakenhoff Secretary	133 Frigate St. JAMESDWU, RI 02835
PATRICIA KVANGENSTA Treasurer	8 Reise Rd. JAMESDWD, RIOX83T
(If additional space is needed, attach rider)	-
Dated: June 27 19 94	JAMESTOWN PARENT Teacher Organizat.
•	By Pamela A. Storey
	Tille Vice President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed. Please contact Corporation Division for information, 277-3040 Mail with fee to: Corporations Division, 100 North Main Street, Providence, RI 02903.

Form No. N-13