



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

Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 *

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <u>138689</u>		2. Name of Corporation <u>KNOTTY OAK MIDDLE SCHOOL PTSA, INC.</u>			
3. State of Incorporation <u>RI</u>		4. Corporate address in Rhode Island - Street Address <u>15 FOSTER DRIVE</u>		City <u>COVENTRY</u>	Zip <u>02816</u>
5. Foreign corporation. Enter principal office address		City	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <u>ADVOCATE ALL CHILD EDUCATION, RESOURCE FOR PARENTS, VOICE FOR STUDENTS</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>KATHY WEST</u>			Vice President Name <u>BRIAN SKALSKI</u>		
Street Address <u>114 WOOD COVE DR.</u>			Street Address <u>15 FOSTER DRIVE</u>		
City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02816</u>	City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02816</u>
Secretary Name <u>CAROL CROWLEY</u>			Treasurer Name <u>DEB SWANHOLM</u>		
Street Address <u>3 SOUTH POND ROAD</u>			Street Address <u>SUGAR MAPLE DRIVE</u>		
City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02816</u>	City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02816</u>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name <u>MICHAEL CONVEY</u>			Director Name <u>DORY TALBERT</u>		
Street Address <u>15 FOSTER DRIVE</u>			Street Address <u>22 LYNN DRIVE</u>		
City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02816</u>	City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02816</u>
Director Name <u>JIM ERINAKES</u>			Director Name		
Street Address <u>15 FOSTER DRIVE</u>			Street Address		
City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02816</u>	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name			Address		
Address			City	Zip	

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

FILED

File Date MAY 31 2006
Check No. By JDS
By: CM
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.

Kathleen M. West 5/26/06
Signature of Officer Date
KATHLEEN M. WEST
Print or Type Name of Officer
PRESIDENT
Title of Officer