State of Rhode Island
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 001712601

2. Name of Corporation Northern Lincoln Elementary PTO

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.

NAICS Code

813319

4. Principal Office Address

No. and Street: 315 NEW RIVER ROAD
City or Town: MANVILLE State: RI Zip: 02838 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: MANVILLE State: RI Zip: 02838 Country: UNI

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL AND
SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

UPON DISSOLUTION OF THE ORGANIZATION, ASSETS SHALL BE DISTRIBUTED FOR ONE
OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX
CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR TO A STATE OR
LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	LINDSAY SULLIVAN	7 OAK HILL DRIVE LINCOLN, RI 02865 USA
SECRETARY	AIMEE KENYON	230 OLD RIVER ROAD LINCOLN, RI 02865 USA
SECRETARY	LESLIE QUISH	20 KENNEDY BOULEVARD LINCOLN, RI 02865 USA
TREASURER	FILOMENA LAWSON	7 BRUSHWOOD DRIVE LINCOLN, RI 02865 USA
VICE PRESIDENT	JACLYN PRINGLE	315 NEW RIVER ROAD MANVILLE, RI 02838 USA
PRESIDENT	LINDSAY SULLIVAN	7 OAK HILL DRIVE LINCOLN, RI 02865 USA
PRESIDENT	VICTORIA BOULIS	6 BRUSHWOOD DRIVE LINCOLN, RI 02865 USA
DIRECTOR	LINDSAY SULLIVAN	7 OAK HILL DRIVE LINCOLN, RI 02865 USA
DIRECTOR	VICTORIA BOULIS	6 BRUSHWOOD DRIVE LINCOLN, RI 02865 USA
DIRECTOR	ALEC CIMINELLO	315 NEW RIVER ROAD MANVILLE, RI 02838 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

LINDSAY SULLIVAN 315 NEW RIVER ROAD MANVILLE , RI 02838

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 28 Day of July, 2021 at 10:53:39 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By LINDSAY SULLIVAN
Signature of Authorized Person

Form No. 631
Revised 09/07