



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* 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. 521074		2. Name of Corporation The Village Lower School Parent Teacher Organization			
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address 2220 South County Trail		City East Greenwich	Zip 02818
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 support the education of children and fostering relationships among the school, parents and teachers.					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MICHAEL O'CONNELL			Vice President Name Karen Medeiros		
Street Address 70 BRYANT DRIVE			Street Address 79 HOPKINS HILL ROAD		
City NORTH KINGSTOWN	State RI	Zip 02882	City FEXTER	State RI	Zip 02822
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 HEATHER MAYO			Director Name * Karen Medeiros		
Street Address 237 WALMSLEY LANE			Street Address 79 HOPKINS HILL ROAD		
City SAUNDERSTOWN	State RI	Zip 02874	City FEXTER	State RI	Zip 02822
Director Name * MICHAEL O'CONNELL			Director Name		
Street Address 70 BRYANT DRIVE			Street Address		
City North Kingstown	State RI	Zip 02882	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		

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

FILED

JUL 16 2014

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.

File Date: _____ BY _____
Check No. _____ BY _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Signature of Officer: MICHAEL O'CONNELL Date: 6/30/14

Print or Type Name of Officer: MICHAEL O'CONNELL

President

Title of Officer