



State of Rhode Island and Providence Plantations  
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:** 2012

**1. Corporate ID No.** 000164758

**2. Name of Corporation** PORTSMOUTH MIDDLE SCHOOL PARENT TEACHER ORGANIZATION

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 125 JEPSON LANE

City or Town: PORTSMOUTH

State: RI

Zip: 02871 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO PROVIDE EDUCATIONAL, CULTURAL, AND SOCIAL ENRICHMENT TO STUDENTS AND SUPPORT FOR TEACHERS AND PRINCIPAL AND TO PROVIDE FINANCIAL SUPPORT THROUGH FUNDRAISING

**7. Names and Addresses of the Officers and Directors:**

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	MONICA L TAFT MS	125 JEPSON LN PORTSMOUTH, RI 02871 USA
TREASURER	DONNA RIDOLFI	125 JEPSON LN PORTSMOUTH, RI 02871 USA
DIRECTOR	SUE FARRIER MS	125 JEPSON LN PORTSMOUTH, RI 02871 USA
DIRECTOR	FRAN FARIA MS.	128 JEPSON LANE PORTSMOUTH, RI 02871 USA
DIRECTOR	MARIANNE RAYMO MS.	128 JEPSON LANE PORTSMOUTH, RI 02871 USA

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

JOSEPH AMARAL 128 JEPSON LANE PORTSMOUTH , RI 02871-

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

**Signed this 25 Day of July, 2012 at 9:44:27 AM.** *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 corporation, 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 MONICA L. TAFT

Signature of Officer of the Corporation

President or  Vice President or  Secretary or  Assistant Secretary or

Treasurer or  Receiver or  Trustee (check one)

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.**

Form No. 631  
Revised 09/07

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