



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

|                                                                                                                                                                     |                    |                                                                                                                           |                                                |                     |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------|---------------------|
| 1. Entity ID No.<br><u>135299</u>                                                                                                                                   |                    | 2. Exact name of the Corporation<br><u>Barrington Middle School Parent Teacher Organization</u>                           |                                                |                     |                     |
| 3. State of Incorporation<br><u>RI</u>                                                                                                                              |                    | 4. Brief description of the character of business conducted in Rhode Island<br><u>Supporting Barrington middle school</u> |                                                |                     |                     |
| 5. Principal office address<br><u>261 Middle Highway</u>                                                                                                            |                    | City<br><u>Barrington</u>                                                                                                 | State<br><u>RI</u>                             | Zip<br><u>02806</u> |                     |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                        |                    |                                                                                                                           |                                                |                     |                     |
| President Name<br><u>Eileen Brady</u>                                                                                                                               |                    |                                                                                                                           | Vice-President Name<br><u>Valerie Williams</u> |                     |                     |
| Street Address<br><u>6 Plymouth Dr.</u>                                                                                                                             |                    |                                                                                                                           | Street Address<br><u>1 Belton Circle</u>       |                     |                     |
| City<br><u>Barrington</u>                                                                                                                                           | State<br><u>RI</u> | Zip<br><u>02806</u>                                                                                                       | City<br><u>Barrington</u>                      | State<br><u>RI</u>  | Zip<br><u>02806</u> |
| Secretary Name<br><u>Lean Valentine</u>                                                                                                                             |                    |                                                                                                                           | Treasurer Name<br><u>Kristen Materne</u>       |                     |                     |
| Street Address<br><u>3 Teakwood Lane</u>                                                                                                                            |                    |                                                                                                                           | Street Address<br><u>6 Dana Rd</u>             |                     |                     |
| City<br><u>Barrington</u>                                                                                                                                           | State<br><u>RI</u> | Zip<br><u>02806</u>                                                                                                       | City<br><u>Barrington</u>                      | State<br><u>RI</u>  | Zip<br><u>02806</u> |
| 7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |                                                                                                                           |                                                |                     |                     |
| Director Name<br><u>Aisa Catani</u>                                                                                                                                 |                    |                                                                                                                           | Director Name<br><u>Valerie Williams</u>       |                     |                     |
| Street Address<br><u>19 Briarwood Dr.</u>                                                                                                                           |                    |                                                                                                                           | Street Address<br><u>1 Belton Circle</u>       |                     |                     |
| City<br><u>Barrington</u>                                                                                                                                           | State<br><u>RI</u> | Zip<br><u>02806</u>                                                                                                       | City<br><u>Barrington</u>                      | State<br><u>RI</u>  | Zip<br><u>02806</u> |
| Director Name<br><u>Kristen Materne</u>                                                                                                                             |                    |                                                                                                                           | Director Name                                  |                     |                     |
| Street Address<br><u>6 Dana Rd</u>                                                                                                                                  |                    |                                                                                                                           | Street Address                                 |                     |                     |
| City<br><u>Barrington</u>                                                                                                                                           | State<br><u>RI</u> | Zip<br><u>02806</u>                                                                                                       | City                                           | State               | Zip                 |
| 8. REGISTERED AGENT IN RHODE ISLAND                                                                                                                                 |                    |                                                                                                                           |                                                |                     |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.                                                   |                    |                                                                                                                           |                                                |                     |                     |

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

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

**FILED**

SEP 30 2015

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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.

Signature of Officer or Authorized Representative

Date

Kristen Materne  
Print or Type Name of Officer or Authorized Representative