



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

No Fee

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

Domestic Non-Profit
Annual Report - Amended

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000550566

2. Name of Corporation Matunuck Elementary School Parent Teacher Organization

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 380 MATUNUCK BEACH ROAD

City or Town: SOUTH KINGSTOWN

State: RI Zip: 02879 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

THE PURPOSE OF THE PTO IS TO ASSIST THE MATUNUCK ELEMENTARY SCHOOL
FACULTY AND STUDENT BODY IN ACHIEVING ACADEMIC AND SOCIAL
EXCELLENCE.

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Incorporator is no longer applicable; please delete**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
DIRECTOR	APRIL TESSIER	115 NORTH WEEDEN ROAD SOUTH KINGSTOWN, RI 02879 USA
DIRECTOR	NICOLE RILEY	3550 POST RD WAKEFIELD, RI 02879 USA

DIRECTOR	KAITLYN ROEBUCK	81 POINT AVE WAKEFIELD, RI 02879 USA
DIRECTOR	CARLA CROWSHAW	319 POST RD WAKEFIELD, RI 02879 USA
DIRECTOR	MARY-KATHLEEN WHITTEN	5 GALLEON CT WAKEFIELD, RI 02879 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**

APRIL A. TESSIER 380 MATUNUCK BEACH ROAD SOUTH KINGSTOWN , RI 02879

Signed this 9 Day of November, 2015 at 2:47:26 PM 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 KAITLYN ROEBUCK
Signature of Authorized Person

Form No. 631
Revised 09/07

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

