



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: 2016

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	MARY-KATHLEEN WHITTEN	5 GALLEON CT WAKEFIELD, RI 02879 USA
DIRECTOR	NICOLE RILEY	3550 POST RD

		WAKEFIELD, RI 02879 USA
DIRECTOR	KAITLYN ROEBUCK	81 POINT AVE WAKEFIELD, RI 02879 USA
DIRECTOR	JESSICA BRADLEY	170 WESTCOTE DR WAKEFIELD, RI 02879 USA
DIRECTOR	EMILY TOTTEN	900 TUCKERTOWN RD WAKEFIELD, RI 02879 USA
DIRECTOR	CINDY CASTEN	95 MORaine 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

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

Signed this 8 Day of June, 2016 at 10:18:45 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