



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.** 001529609

**2. Name of Corporation** Parents Across Rhode Island, Inc.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: C/O TRACY RAMOS  
116 BAYVIEW AVE

City or Town: BRISTOL

State: RI Zip: 02809 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: (1) SERVE AS AN INFORMATION RESOURCE FOR PARENTS, (2) BE AN ADVOCATE FOR CHILDREN, AND (3) BE A VOICE FOR PARENTS THROUGHOUT THE STATE OF RHODE ISLAND ON ISSUES AFFECTING RHODE ISLAND FAMILIES.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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
INCORPORATOR	TRACY COOPER RAMOS	116 BAYVIEW AVE. BRISTOL, RI 02809 USA

DIRECTOR	ROBERT NELS JOHNSON	83 SHERRY AVE. BRISTOL, RI 02809 USA
DIRECTOR	ADAM MICHAEL RAMOS	116 BAYVIEW AVE BRISTOL, RI 02809 USA
DIRECTOR	TRACY COOPER RAMOS	116 BAYVIEW AVE. BRISTOL, RI 02809 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**

TRACY RAMOS 116 BAYVIEW AVE BRISTOL , RI 02809

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

**Signed this 14 Day of July, 2016 at 2:17:30 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 TRACY RAMOS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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