



State of Rhode Island and Providence Plantations


Department of State - Business Services Division

Annual Report for the year: 2016
Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <u>158613</u>		2. Exact name of the Corporation <u>Riverside Middle School PTA</u>	
3. State of Incorporation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>Parent Teacher Association to help educate, develop and promote for the children of Riverside middle school</u>	
5. Principal Office Address <u>179 Forbes street</u>		City <u>Riverside</u>	State <u>R.I.</u>
		Zip <u>02915</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Frederick Rybka</u>		Vice-President Name <u>Ed Reed Jr</u>	
Street Address <u>9 cottens ave</u>		Street Address <u>14 River street</u>	
City <u>Riverside</u>	State <u>R.I.</u>	City <u>Riverside</u>	State <u>R.I.</u>
Zip <u>02915</u>		Zip <u>02915</u>	
Secretary Name <u>Jennifer Fiske</u>		Treasurer Name <u>LORI HOWES</u>	
Street Address <u>88 Elder ave</u>		Street Address <u>9 cottens ave</u>	
City <u>Riverside</u>	State <u>R.I.</u>	City <u>Riverside</u>	State <u>R.I.</u>
Zip <u>02915</u>		Zip <u>02915</u>	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Frederick Rybka</u>		Director Name <u>Jen Reed</u>	
Street Address <u>9 cottens ave</u>		Street Address <u>14 River street</u>	
City <u>Riverside</u>	State <u>R.I.</u>	City <u>Riverside</u>	State <u>R.I.</u>
Zip <u>02915</u>		Zip <u>02915</u>	
Director Name <u>Dr. Cheri Guerra</u>		Director Name <u>LORI HOWES</u>	
Street Address <u>179 Forbes street</u>		Street Address <u>9 cottens ave</u>	
City <u>02915</u>	State <u>R.I.</u>	City <u>Riverside</u>	State <u>R.I.</u>
Zip <u>02915</u>		Zip <u>02915</u>	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <u>LORI HOWES</u>		Date <u>10/27/16</u>	
Signature of Officer/Authorized Representative 		SIGN DOCUMENT HERE	

FILED

OCT 31 2016

By 1882 KM

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov