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	2. Exact name of the Corporation
158613	Riverside Middle School PTA
3. State of Incorporation: R.I.	4. Brief description of the character of business conducted in Rhode Island: Parent Teacher Association to help educate, develop and promote for the children of Riverside middle School

5. Principal Office Address	City	State	Zip
179 Forbes Street	Riverside	R.I.	02915

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Frederick Rybka	Ed Reed Jr
Street Address: 9 Cozzens ave	Street Address: 14 River Street
City: Riverside / State: R.I. / Zip: 02915	City: Riverside / State: R.I. / Zip: 02915
Secretary Name: Jennifer Fiske	**Treasurer Name:** Lori Howes
Street Address: 88 Elder ave	Street Address: 9 Cozzens ave
City: Riverside / State: R.I. / Zip: 02915	City: Riverside / State: R.I. / Zip: 02915

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Frederick Rybka	Jen Reed
Street Address: 9 Cozzens ave	Street Address: 14 River Street
City: Riverside / State: R.I. / Zip: 02915	City: Riverside / State: R.I. / Zip: 02915
Director Name: Dr. Cheri Guerra	**Director Name:** Lori Howes
Street Address: 179 Forbes Street	Street Address: 9 Cozzens ave
City: 02915 / State: R.I. / Zip: 02915	City: Riverside / State: R.I. / Zip: 02915

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.

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

Name of Officer/Authorized Representative	Date
Lori Howes	10/27/16

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

FORM 631 - Revised: 05/2016