State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

Annual Report for the year: **Non-Profit Corporation** 

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

	n=f		_D	
R.I.	JEP	T. GF	STA	JE
B	1345		DI/	,

2017 FEB -8 PM 12: 57

Penalty: Additional \$25.00	iee ii iorm is r	Tot filed by July 3	U. 				
1. Entity ID Number	2. Exact name	e of the Corporation	on	··· <u>·</u> ···			
000134031	Blackrock PTA, Inc.						
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island To facilitate parent and teacher in volvement in school activities and						
R L	to tacil	vacate for	children and the su	heal communi			
5. Principal Office Address	^		City	State	Zip		
12 Latusa	Drive		Coventry	RI	02816		
6. List ALL officers (names and	addresses)			heck the box to in	dicate an attachment		
President Name Deborah Strurato		Vice-President Name Alicia Boulanger					
Street Address 56 Hurnheam Rd			Street Address 8 (entennial St.				
City Coventry	State I	Zip 02 8/6	City Coventry	State I	Zip 02816		
Secretary Name Kim Frenze			Treasurer Name Scott Moury				
Street Address 23 Paule#	e Dr.		Street Address 23 Knot	ty Oak 3	Shores		
City Coventry	State RJ	Zip U 2516	city Coventry	State ( 🛣	Zip 02 816		
7. List ALL directors (names and	addresses). RI	Corporations MUS			indicate an attachment		
Director Name Scott Mowey			Director Name Deburah Stravatu				
Street Address 28 Knotty Oak Shores			Street Address 51 Hornbean Rd.				
City (wenter	State R I	Zip 02216	City Coventry	StateR I	Zip 02816		
Director Name Kim Frenze			Director Name Alicia Boulunger				
Street Address 23 Punlette Dr			Street Address & Centennial St				
City (wenter	State RI	Zip 02816	CityCoventag	State I	Zip 625/6		
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 dec statements, and that all staten				y accompanying	schedules and		
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							
Signature of Officer/Authorized Representative							
Signature of Officer/Authorized Representative  SIGN DOQUATENT HERE							
				FILED			

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 0 8 2017

A. 13:58 FORM 631 - Revised: 05/2016