



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS. SERVS. DIV.

Annual Report for the year: 2015

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.

2017 FEB -8 PM 12:57

1. Entity ID Number 000134031		2. Exact name of the Corporation Blackrock PTA, Inc.	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island <i>To facilitate parent and teacher involvement in school activities and to advocate for children and the school community.</i>	
5. Principal Office Address 12 LaLusa Drive		City Coventry	State RI
		Zip 02816	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Deborah Strarato		Vice-President Name Alicia Boulanger	
Street Address 56 Hornbeam Rd		Street Address 8 Centennial St.	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
Secretary Name Kim Frenze		Treasurer Name Scott Mowry	
Street Address 23 Paulette Dr.		Street Address 28 Knotty Oak Shores	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
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 Scott Mowry		Director Name Deborah Strarato	
Street Address 28 Knotty Oak Shores		Street Address 56 Hornbeam Rd.	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
Director Name Kim Frenze		Director Name Alicia Boulanger	
Street Address 23 Paulette Dr.		Street Address 8 Centennial St.	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
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 Scott Mowry			Date 2/8/17
Signature of Officer/Authorized Representative <i>Scott Mowry</i> SIGN DOCUMENT HERE			

FILED

FEB 08 2017

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

BY 295336
 A.A. 12:58 p.m.