



Department of State - Business Services Division

Annual Report for the year: 2017
 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.

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 R.I. DEPARTMENT OF STATE

1. Entity ID Number 135299		2. Exact name of the Corporation Barrington Middle School Parent Teacher Organization			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Committee works together with administration, teachers, parents and students to create activities and provide services and supplies to benefit all.			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 261 Middle Highway			City Barrington	State RI	Zip 02806
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jennifer Rakeman			Vice-President Name Megan Brieding		
Street Address 8 New Hampshire			Street Address 11 Surrey Rd		
City Barrington	State RI	Zip 02806	City Barrington	State ri	Zip 02806
Secretary Name Leah Valentine			Treasurer Name Eileen Brady		
Street Address 3 Teakwood Ln			Street Address 6 Plymouth Dr		
City Barrington	State RI	Zip 02806	City Barrington	State Ri	Zip 02806
8. 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 Alisa Catani			Director Name Ritza Dulchinos		
Street Address 16 Briarwood			Street Address 20 Walnut Rd		
City Barrington	State Ri	Zip 02806	City Barrington	State RI	Zip 02806
Director Name Deb Isdale			Director Name		
Street Address 6 Arnold St			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
9. 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 Eileen Brady				Date 5/27/2017	
Signature of Officer/Authorized Representative <i>Eileen Brady</i>				FILED	