RI SOS Filing Number: 201746060370 Date: 6/22/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

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.

1. Entity ID Number	2. Exact name of the Corporation
153538	**A.M. Waddington PTA**
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island
RI	**TO PROMOTE EDUCATIONAL AND CULTURAL PROGRAMS TO BENEFIT STUDENTS OF WADDINGTON SCHOOL AND PROVIDE EDUCATIONAL SUPPLIES NOT AVAILABLE TO TEACHERS**
4. NAICS Code	
813910 - Business Association	

6. Principal Office Address	City	State	Zip
101 Legion Way	**Riverside**	**RI**	**02915**

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

President Name **Katie Santos**			Vice-President Name **Tabitha Martins**		
Street Address **100 Oak Creast Drive**			Street Address **33 Harriet Street**		
City **Riverside**	State **RI**	Zip **02915**	City **Riverside**	State **RI**	Zip **02915**
Secretary Name **Regan Potrzeba**			Treasurer Name **Dalyn Leddy**		
Street Address **50 Grassy Plain Road**			Street Address **110 Thurston Street**		
City **Riverside**	State **RI**	Zip **02915**	City **Riverside**	State **RI**	Zip **02915**

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

Director Name **Michelle Saveory**			Director Name **Kimberly Sorrentino**		
Street Address **65 Brook Ave**			Street Address **45 Plum Road**		
City **Riverside**	State **RI**	Zip **02915**	City **Riverside**	State **RI**	Zip **02915**
Director Name **Sarah Stringer**			Director Name		
Street Address **6 Roseland Court**			Street Address		
City **Riverside**	State **RI**	Zip **02915**	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.

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
Dalyn Leddy	**6/19/17**

Signature of Officer/Authorized Representative: Dalyn Leddy

SIGN DOCUMENT FILED

FILED

JUN 22 2017

BY 21419

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: 06/2017