



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2017

→ 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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RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.

1. Entity ID Number 521723		2. Exact name of the Corporation Old County Rd School PTA	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To promote education and cultural Programs to benefit the students of Old County Rd School.	
4. NAICS Code 611110			
6. Principal Office Address 200 Old County Rd		City Smithfield	State RI
		Zip 02917	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Shanyn Turner		Vice-President Name Stefanie Howell	
Street Address 133 FARNUM PIKE		Street Address 5 Lakeside Dr	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
Secretary Name Jess Sala		Treasurer Name Jennifer Wholey	
Street Address 16 Adams St		Street Address 18 Elizabeth Ave	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Shanyn Turner		Director Name Jen Dube	
Street Address 133 Farnum Pike		Street Address 17 Minoru St	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
Director Name Stefanie Howell		Director Name	
Street Address 5 Lakeside Dr		Street Address	
City Smithfield	State RI	City	State
Zip 02917		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 Shanyn Turner		Date 6/19/17	
Signature of Officer/Authorized Representative Shanyn Turner			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

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BY

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FORM 631 - Revised: 06/2017