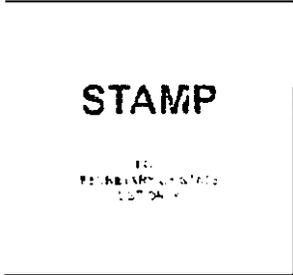




State of Rhode Island and Providence Plantations
Department of State - Business Services Division



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 000158613		2. Exact name of the Corporation Riverside Middle School PTA			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island This is a PTA operating under the charter of Rhode Island PTA with a mission to make every child's potential a reality by engaging and empowering families and communities to advocate for all children.			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 179 Forbes Street		City Riverside	State RI	Zip 02915	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Regan Potrzeba			Vice-President Name Rachel DeCosta		
Street Address 50 Grassy Plain Road			Street Address 10 Tanglewood Drive		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
Secretary Name Melissa Driscoll			Treasurer Name Hilary Fournier		
Street Address 387 Willett Avenue			Street Address 18 Lunn 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 <input checked="" type="checkbox"/>					
Director Name Kimberly Sorrentino			Director Name Katie Santos		
Street Address 45 Plum Road			Street Address 100 Oakcrest Drive		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
Director Name Angela Martins			Director Name Michele Harrington		
Street Address 37 Arrowhead Road			Street Address 5 Main Street		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
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 Hilary J. Fournier/ Treasurer				Date 4/3/18	
Signature of Officer/Authorized Representative <i>Hilary J. Fournier</i>					

STEN DOCUM **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

APR 05 2018
 BY 1324DS

Riverside Middle School – Board of Directors (continued from Form 631)

Dalyn Leddy – Co-Treasurer
110 Thurston Street
Riverside, RI 02915

Heather Laura Robinson
8 Allison Court
Riverside, RI 02915

Michelle Saveory
65 Brook Road
Riverside, RI 02915

Monique O'Brien
80 Palmer Avenue
Riverside, RI 02915

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APR 05 2018

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