RI SOS Filing Number: 201869299400 Date: 6/11/2018 4:00:00 PM

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

Annual Report for the year: 2018
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
000029017	**Parents and Teachers of Waterman**
3. State of Incorporation: **RI**	5. Brief description of the character of business conducted in Rhode Island: **Providing support and building relationships for the students, teachers, and parents of Waterman Elementary School.**
4. NAICS Code: **611110 - Elementary and Secor**	

6. Principal Office Address	City	State	Zip
722 Pontiac Avenue	**Cranston**	**RI**	**02910**

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

President Name **Michele Hutchinson**			Vice-President Name **Sarah Perra**		
Street Address **722 Pontiac Avenue**			Street Address **722 Pontiac Avenue**		
City **Cranston**	State **RI**	Zip **02910**	City **Cranston**	State **RI**	Zip **02910**
Secretary Name **Kristin Dumont**			Treasurer Name **Paul Rylander**		
Street Address **722 Pontiac Avenue**			Street Address **722 Pontiac Avenue**		
City **Cranston**	State **RI**	Zip **02910**	City **Cranston**	State **RI**	Zip **02910**

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

Director Name **Michele Hutchinson**			Director Name **Sarah Perra**		
Street Address **722 Pontiac Avenue**			Street Address **722 Pontiac Avenue**		
City **Cranston**	State **RI**	Zip **02910**	City **Cranston**	State **RI**	Zip **02910**
Director Name **Kristin Dumont**			Director Name **Paul Rylander**		
Street Address **722 Pontiac Avenue**			Street Address **722 Pontiac Avenue**		
City **Cranston**	State **RI**	Zip **02910**	City **Cranston**	State **RI**	Zip **02910**

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
Paul B. Rylander	6/7/18

Signature of Officer/Authorized Representative: Paul

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
JUN 11 2018
BY 60226

FORM 631 - Revised: 11/2017