RI SOS Filing Number: 201883469740 Date: 12/31/2018 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.

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CORPORATIONS DIV.
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1. Entity ID Number	2. Exact name of the Corporation
791218	Warwick Neck PTA
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: School PTA
4. NAICS Code: 611110	

6. Principal Office Address	City	State	Zip
150 Lennox Avenue	Warwick	RI	02889

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

President Name: Laura Williamson			Vice-President Name: Katie Fitzgerald		
Street Address: Samual Cotton Ave			Street Address: Foxmere Court		
City: Warwick	State: RI	Zip: 02889	City: Warwick	State: RI	Zip: 02889
Secretary Name: Jennifer Bromage			Treasurer Name: Laura Williamson		
Street Address: Kirby Avenue			Street Address: Samual Cotton Ave		
City: Warwick	State: RI	Zip: 02889	City: Warwick	State: RI	Zip: 02889

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

Director Name: Katie Fitzgerald			Director Name: Jennifer Bromage		
Street Address: Foxmere Court			Street Address: Kirby Ave		
City: Warwick	State: RI	Zip: 02889	City: Warwick	State: RI	Zip: 02889
Director Name: Laura Williamson			Director Name		
Street Address: Samual Cotton Ave			Street Address		
City: Warwick	State: RI	Zip: 02889	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
Valerie Stevens	12/31/18

Signature of Officer/Authorized Representative: Valerie E Stevens **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

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FORM 631 - Revised: 11/2017