



Department of State - Business Services Division

FILED

JUN 14 2019

97 0010363

Annual Report for the year: **2019**

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 000029017		2. Exact name of the Corporation 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 <input type="checkbox"/>								
6. Principal Office Address 722 Pontiac Avenue				City Cranston		State RI	Zip 02910	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>								
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 <input type="checkbox"/>								
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.								
<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 Paul B. Rylander						Date 6/11/19		
Signature of Officer/Authorized Representative 								