



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2019

1. Corporate ID No. 001674922

2. Name of Corporation Clayville Elementary PTO

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813319

4. Corporate Address in Rhode Island

No. and Street: 3 GEORGE WASHINGTON HIGHWAY

City or Town: CLAYVILLE

State: RI Zip: 02815 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

ENHANCE THE EDUCATIONAL ENVIRONMENT AT CLAYVILLE ELEMENTARY SCHOOL, PROMOTE UNDERSTANDING AND COMMUNICATION BETWEEN FACULTY, PARENTS AND STAFF, PROVIDE AND ENHANCE EDUCATIONAL, RECREATIONAL AND CULTURAL OPPORTUNITIES FOR ALL CLAYVILLE ELEMENTARY SCHOOL STUDENTS BY OFFERING FINANCIAL AND CREATIVE SUPPORT AND VOLUNTEERISM, SECURE AN ENVIRONMENT FOR THE BEST CARE, PROTECTION AND EDUCATION OF THE STUDENTS AT CLAYVILLE ELEMENTARY SCHOOL

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	AMANDA ROSSI	206 CARUE DR SCITUATE, RI 02857 USA
TREASURER	PAUL COPP	206 KNIGHT HILL RD CLAYVILLE, RI 02857 USA
SECRETARY	LAURA BARD	1108 CHOPMIST HILL RD SCITUATE, RI 02857 USA
VICE PRESIDENT	TARA BERGERON	217 HOWARD AVE SCITUATE, RI 02857 USA
DIRECTOR	KELLY WERBECKI	3 GEORGE WASHINGTON HIGHWAY SCITUATE, RI 02815 USA
DIRECTOR	KIM FONTES	1101 DANIELSON PIKE SCITUATE, RI 02857 USA
DIRECTOR	PAUL COPP	206 KNIGHT HILL RD CLAYVILLE, RI 02815 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

KELLY WERBECKI 3 GEORGE WASHINGTON HIGHWAY SCITUATE , RI 02815

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 31 Day of July, 2019 at 12:18:08 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By PAUL D COPP
Signature of Authorized Person

Form No. 631
Revised 09/07