



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

Annual Report for the year:
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.

FILED STA:

AUG 05 2019

BY

2319 OS

1. Entity ID Number 621723		2. Exact name of the Corporation Old County Road School PTA	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Parent Teacher group to support the needs of teaching learning and instilling community based functions for all.	
4. NAICS Code 61110			
6. Principal Office Address 200 Old County Rd.		City Smithfield	State RI
		Zip 02917	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Jonathon Poyourou		Vice-President Name Dave Beauchamp	
Street Address 236 Old County Rd.		Street Address 237 Old County Rd	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
Secretary Name Kaice Kasberg		Treasurer Name Amy Ricketson	
Street Address 5 Russell Lane		Street Address 10 E. Prospect St.	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
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 Paul Barette		Director Name Jonathan Poyourou	
Street Address 200 Old County Rd		Street Address 236 Old County Rd	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
Director Name Jonathan		Director Name Dave Beauchamp	
Street Address		Street Address 237 Old County Rd	
City	State	City Smithfield	State RI
Zip		Zip 02917	
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 Amy Ricketson			Date
Signature of Officer/Authorized Representative Amy Ricketson			