



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2019

→ 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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BUS SVCS DIV

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1. Entity ID Number 135474		2. Exact name of the Corporation Tioque School PTA INC.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Fundraising for various school activities	
4. NAICS Code 611110			
6. Principal Office Address 170 East Shore Drive		City Coventry	State RI
		Zip 02816	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Jessica Greer		Vice President Name Stacey Gese Aimee Catnair	
Street Address 41 Old North Road		Street Address 38 Lemis Street	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
Secretary Name Marissa Dyer		Treasurer Name Venessa DiLorenzo	
Street Address 54 Windsor Park Drive		Street Address 442 Washington St	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name Jessica Greer		Director Name Beverly Smith	
Street Address 41 Old North Rd		Street Address 15 Bernard Drive	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
Director Name Marissa Dyer		Director Name Venessa DiLorenzo	
Street Address 54 Windsor Park Drive		Street Address 442 Washington St	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
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 Venessa DiLorenzo		Date 9-22-19	
Signature of Officer/Authorized Representative 		SIGN DOCUMENT HERE FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

SEP 25 2019

BY

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