



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.

2020 FEB 18 PM 2:45

1. Entity ID Number 000871844		2. Exact name of the Corporation Beacon Charter High School PTSA	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To organize and raise funds for children's activities and educational programs that will directly or indirectly benefit the children of Beacon schools	
4. NAICS Code 611110			
6. Principal Office Address 320 Main Street		City Woonsocket	State RI
		Zip 02895	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Christine Arel		Vice-President Name	
Street Address 335 Wood Ave Apt 2		Street Address	
City Woonsocket	State RI	City	State
Zip 02895		Zip	
Secretary Name Florence Stevens		Treasurer Name Wanda Lafrenaye	
Street Address 550 Eagle Peak Road		Street Address 219 Avenue C	
City Pawcatuck	State RI	City Woonsocket	State RI
Zip 02895		Zip 02895	
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 Christine Arel		Director Name Wanda Lafrenaye	
Street Address 335 Wood Ave Apt 2		Street Address 219 Avenue C	
City Woonsocket	State RI	City Woonsocket	State RI
Zip 02895		Zip 02895	
Director Name Florence Stevens		Director Name	
Street Address 550 Eagle Peak Road		Street Address	
City Pawcatuck	State RI	City	State
Zip 02895		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 Wanda Lafrenaye		Date 2-10-2020	
Signature of Officer/Authorized Representative [Signature]			

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: 06/2019

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