



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

Annual Report for the year: **2020**

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

JUN 01 2020

000409

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 Se					
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 Sarah Dingley			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 Sarah Dingley			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 05/30/2020	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov