



**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: 2020

1. Corporate ID No. 001698459

2. Name of Corporation Austin T. Levy PTA

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
813920

4. Corporate Address in Rhode Island

No. and Street: 135 HARRISVILLE MAIN STREET

City or Town: HARRISVILLE

State: RI Zip: 02830 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 20 KRISTEN LN

City or Town: MAPLEVILLE State: RI Zip: 02839 Country: UNI

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

THE PURPOSE OF THIS ORGANIZATION SHALL BE TO IMPROVE AND ENHANCE OUR SCHOOL FOR STUDENTS, TEACHERS, FAMILIES AND ADMINISTRATION. THE PTA SHALL IMPLEMENT AND PROVIDE FOR PROGRAMS AND EVENTS TO ASSIST IN THE PHYSICAL, MENTAL AND ACADEMIC WELL BEING FOR OUR STUDENTS. THE PTA SHALL PROMOTE

POSITIVE PARENT, TEACHER, AND ADMINISTRATION RELATIONSHIPS THAT SUPPORT
OUR 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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	SHANNON GARRISON	175 EAST AVENUE HARRISVILLE, RI 02830 USA
TREASURER	ANDREA MCNAMARA	375 EAGLE PEAK ROAD PASCOAG, RI 02859 USA
SECRETARY	MELISSA LEE	770 VICTORY HIGHWAY MAPLEVILLE, RI 02839 USA
VICE PRESIDENT	TABITHA MARSDEN	90 LAUREL HILL AVENUE, APT. A PASCOAG, RI 02859 USA
DIRECTOR	SHANNON GARRISON	175 EAST AVENUE HARRISVILLE, RI 02830 USA
DIRECTOR	TABITHA MARSDEN	90 LAUREL HILL AVENUE, APT A PASCOAG, RI 02859 USA
DIRECTOR	MELISSA LEE	770 VICTORY HIGHWAY MAPLEVILLE, RI 02839 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**

SHANNON LUTTGE 20 KRISTEN LN MAPLEVILLE , RI 02839

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

Signed this 5 Day of June, 2020 at 9:37:53 AM 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 SHANNON LUTTGE
Signature of Authorized Person

Form No. 631
Revised 09/07

