



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIVAnnual Report for the year:  
Non-Profit Corporation

2020 amended NO Fee

→ Filing period: June 1 - June 30

→ Filing Fee \$20.00

→ Penalty Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 74035		2. Exact name of the Corporation JAMESTOWN PARENT TEACHER ORGANIZATION	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Promote the best interests of children in all schools	
4. NAICS Code 813990			
6. Principal Office Address 86 COLUMBIA LN		City JAMESTOWN	State RI
		Zip 02835	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name MAUREEN GLADDING		Vice-President Name STACY DOURADO	
Street Address 86 COLUMBIA LN		Street Address 218 CAPSTAN	
City JAMESTOWN	State RI	City JAMESTOWN	State RI
Zip 02835		Zip 02835	
Secretary Name KIM PATTERSON		Treasurer Name JANA COCHRAN	
Street Address 5 STEAMBOAT		Street Address 5 NAUTILUS ST	
City JAMESTOWN	State RI	City JAMESTOWN	State RI
Zip 02835		Zip 02835	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name MAUREEN GLADDING		Director Name STACY DOURADO	
Street Address 86 COLUMBIA LN		Street Address 218 CAPSTAN	
City JAMESTOWN	State RI	City JAMESTOWN	State RI
Zip 02835		Zip 02835	
Director Name JANA COCHRAN		Director Name	
Street Address 5 NAUTILUS		Street Address	
City JAMESTOWN	State RI	City	State
Zip 02835		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. 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 MAUREEN GLADDING			Date 10/23/2020
Signature of Officer/Authorized Representative 			

FILED

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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NOV 17 2020  
BY A.A. 2:47 PM  
FORM 641 - Revised: 08/2020



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

November 17, 2020 02:47 PM

A handwritten signature in blue ink, reading "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

