RI SOS Filing Number: 202192456940 Date: 2/19/2021 4:00:00 PM

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

FILED
FEB 19 2021
316

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.

1. Entity ID Number	2. Exact name of the Corporation
000158613	Riverside Middle School PTA
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: This is a PTA operating under the Charter of RI PTA with a mission to make every child's potential a reality by empowering families to advocate for all children.
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
179 Forbes Street	Riverside	RI	02915

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Jessica Beauchaine	Shawna Evans / Tabitha Martins
Street Address: 55 Winslow	Street Address: 128 Allen Ave / 33 Harriet St.
City: Riverside State: RI Zip: 02915	City: Riverside State: RI Zip: 02915
Secretary Name	**Treasurer Name**
Kelly Lacaire	Michelle Sousa
Street Address: 165 Norton St.	Street Address: 15 Muriel St.
City: Riverside State: RI Zip: 02915	City: Riverside State: RI Zip: 02915

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Jessica Beauchaine	Tabitha Martins
Street Address: 55 Winslow	Street Address: 33 Harriet St.
City: riverside State: RI Zip: 02915	City: Riverside State: RI Zip: 02915
Director Name	**Director Name**
Michelle Sousa	
Street Address: 15 Muriel Street	Street Address:
City: Riverside State: RI Zip: 02915	City: State: 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	Date
Michelle Sousa / Treasurer	2/16/2021

Signature of Officer/Authorized Representative: Michelle Sousa SIGN DOCUMENT HERE

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

FORM 631 - Revised: 05/2017