



State of Rhode Island

Department of State - Business Services Division

STAMP

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 1688177		2. Exact name of the Corporation North Providence PTO Group			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island We are a non profit Parent Teacher Organization			
4. NAICS Code 813410					
6. Principal Office Address 41 Angell Ave			City North Providence	State RI	Zip 02911
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Amy Carroll			Vice-President Name Tammy La Mountain		
Street Address 37 Marigold Circle			Street Address 122 Dutchess Ave		
City North Prov.	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Amy Carroll			Director Name Tammy La Mountain		
Street Address 37 Marigold Circle			Street Address 122 Dutchess Ave		
City North Providence	State RI	Zip 02904	City North Prov	State RI	Zip 02904
Director Name Donna Hanley			Director Name Janine Napolitano		
Street Address 41 Angell Ave			Street Address 1378 Douglas Ave		
City North Prov.	State RI	Zip 02911	City North. Prov.	State RI	Zip 02904
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.					
<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 Amy L. Carroll					Date April 15, 2021
Signature of Officer/Authorized Representative Amy L. Carroll					

FILED

MAY 05 2021

BY 279 AA