



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021

Non-Profit Corporation

JUN 22 2021

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

BY *Megan St. Ledger*

1. Entity ID Number 000120005		2. Exact name of the Corporation MYRON J. FRANCIS PARENT TEACHER ORGANIZATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO PROVIDE SUPPORT FOR THE EDUCATIONAL AND RECREATIONAL NEEDS OF THE STUDENTS OF MYRON J. FRANCIS ELEMENTARY SCHOOL.			
4. NAICS Code 611110 - Elementary and Seco <input type="checkbox"/>					
6. Principal Office Address 64 Bourne Avenue		City Rumford	State RI	Zip 02916	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Melissa Leite			Vice-President Name Dana Fallon		
Street Address 64 Bourne Ave			Street Address 64 Bourne Ave		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
Secretary Name Megan Black			Treasurer Name Megan St. Ledger		
Street Address 64 Bourne Ave			Street Address 64 Bourne Ave		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
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 Anne-Marie Scott			Director Name Nelia Milhomens		
Street Address 64 Bourne Ave			Street Address 64 Bourne Ave		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
Director Name Michelle Colicci			Director Name		
Street Address 64 Bourne Ave			Street Address		
City Rumford	State RI	Zip 02916	City	State	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.					
<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 Megan St. Ledger				Date 6/18/21	
Signature of Officer/Authorized Representative <i>Megan St. Ledger</i>					

MAIL TO:
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 Website: www.sos.ri.gov