



**State of Rhode Island
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: 2021

1. Corporate ID No. 000550781

2. Name of Corporation Elwood T. Wyman, 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

61110

4. Principal Office Address

No. and Street: 1 COLUMBIA AVENUE

City or Town: WARWICK

State: RI

Zip: 02888

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

THE PURPOSES OF THE PTA ARE TO PROMOTE THE WELFARE OF CHILDREN AND YOUTH IN HOME, SCHOOL, COMMUNITY, AND PLACE OF WORSHIP, TO RAISE THE STANDARDS OF HOME LIFE, TO SECURE ADEQUATE LAWS FOR THE CARE AND PROTECTION OF CHILDREN AND YOUTH, TO BRING INTO CLOSER RELATION THE HOME AND THE SCHOOL, THAT PARENTS AND TEACHERS MAY COOPERATE INTELLIGENTLY IN THE EDUCATION OF CHILDREN AND YOUTH, AND TO DEVELOP BETWEEN EDUCATORS AND THE GENERAL PUBLIC SUCH UNITED EFFORTS AS WILL

SECURE FOR ALL CHILDREN AND YOUTH THE HIGHEST ADVANTAGES IN PHYSICAL, MENTAL, SOCIAL, AND SPIRITUAL EDUCATION.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	JESSIE DARRELL -JARBADAN	153 WENDELL RD WARWICK , RI 02888 USA
SECRETARY	DARLENE WILLIAMSON	79 AUDUBON RD WARWICK , RI 02888 USA
DIRECTOR	MARK ROBERGE	22 POWER AVENUE WARWICK, RI 02888 USA
DIRECTOR	KERRI ANN BURATCZUK	31 YUCATAN DR WARWICK , RI 02889 USA
DIRECTOR	LAURIE MARCHAND	140 ABORN AVE WARWICK , RI 02888 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

SCOTT D. LAJOIE 1 COLUMBIA AVENUE WARWICK , RI 02888

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

Signed this 2 Day of July, 2021 at 6:08:12 PM 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 KERRI BURATCZUK
Signature of Authorized Person

Form No. 631
Revised 09/07

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