



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. 000791218

2. Name of Corporation Warwick Neck 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

4. Principal Office Address

No. and Street: 150 LENNOX AVENUE

City or Town: WARWICK

State: RI

Zip: 02889

Country: USA

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

SCHOOL FUNDRAISING, FUNCTIONS AND PARENT MEETINGS

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	BOBBIE-JO GEMMA	650 WARWICK NECK AVE WARWICK, RI 02889 USA
DIRECTOR	SHEBA KARTER	151 LONGMEADOW AVE

		WARWICK, RI 02889 USA
DIRECTOR	STACEY FOYTHO	170 MILL COVE RD WARWICK, RI 02889 USA
DIRECTOR	SARAH KLYBERG	115 PRISCILLA AVE WARWICK, RI 02889 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

VALERIE E. STEVENS 276 RANDALL AVENUE WARWICK , RI 02889

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 September, 2021 at 1:23:52 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 BOBBIE-JO GEMMA
Signature of Authorized Person

Form No. 631
Revised 09/07

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