



**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.** 000029838

**2. Name of Corporation** West Kingston Parent Teacher Organization (W.K.P.T.O.)

**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: 3119 MINISTERIAL ROAD

City or Town: WEST KINGSTON

State: RI

Zip: 02892

Country: USA

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

PROVIDING FAMILY ACTIVITIES AND SUPPLEMENTING EDUCATIONAL AND SOCIAL MATERIALS FOR STUDENTS

**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             | Address                                         |
|-----------|-----------------------------|-------------------------------------------------|
|           | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
| PRESIDENT | KELLY HARRINGTON            | 10 HERITAGE DRIVE<br>KINGSTON, RI 02881 USA     |

|                |                        |                                                         |
|----------------|------------------------|---------------------------------------------------------|
| TREASURER      | BETHANY COSTELLO       | 219 B QUEENS RIVER DRIVE<br>WEST KINGSTON, RI 02881 USA |
| SECRETARY      | CHERYL ALLEN-RICCIARDI | 110 BEAN FARM DRIVE<br>KINGSTNO, RI 02881 USA           |
| VICE PRESIDENT | ALYSON CARTY           | 1146 STONY FORT ROAD<br>WEST KINGSTON, RI 02892 USA     |
| VICE PRESIDENT | REBECCA YEDLOWSKI      | 15 MARION ROAD<br>KINGSTON, RI 02881 USA                |
| DIRECTOR       | CHERYL ALLEN-RICCIARDI | 110 BEAN FARM DRIVE<br>KINGSTON, RI 02881 USA           |
| DIRECTOR       | KELLY HARRINGTON       | 10 HERITAGE DRIVE<br>KINGSTON, RI 02881 USA             |
| DIRECTOR       | REBECCA YEDLOWSKI      | 15 MARION ROAD<br>KINGSTON, RI 02881 USA                |
| DIRECTOR       | ALYSON CARTY           | 1146 STONY FORT ROAD<br>WEST KINGSTON, RI 02892 USA     |
| DIRECTOR       | BETHANY COSTELLO       | 219 B QUEENS RIVER DRIVE<br>WEST KINGSTON, RI 02892 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**

MINDY MERTZ 3119 MINISTERIAL ROAD WEST KINGSTON , RI 02892

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

**Signed this 4 Day of October, 2021 at 4:28:11 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 CHERYL L. ALLEN-RICCIARDI  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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