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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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 817914 | | 2. Exact name of the Corporation Western Hills Middle School PTO, Inc. | | | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island To support the education of children at Western Hills Middle School by fostering relationships between the school, parents, and teachers. | | | |
| 4. NAICS Code 611110 | | | | | |
| 6. Principal Office Address 400 Phenix Ave | | City Cranston | State RI | Zip 02920 | |
| 7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Patricia Green | | Vice-President Name Margie Santos | | | |
| Street Address 400 Phenix Ave | | Street Address 400 Phenix Ave | | | |
| City Cranston | State RI | Zip 02920 | City Cranston | State RI | Zip 02920 |
| Secretary Name | | Treasurer Name Paula Boray | | | |
| Street Address | | Street Address 400 Phenix Ave | | | |
| City | State | Zip | City Cranston | State RI | Zip 02920 |
| 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 Patricia Green | | Director Name Margie Santos | | | |
| Street Address 400 Phenix Ave | | Street Address 400 Phenix Ave | | | |
| City Cranston | State RI | Zip 02920 | City Cranston | State RI | Zip 02920 |
| Director Name Paula Boray | | Director Name | | | |
| Street Address 400 Phenix Ave | | Street Address | | | |
| City Cranston | State RI | Zip 02920 | 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. | | | | | |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small> | | | | | |
| Name of Officer/Authorized Representative Paula Boray | | | | Date 10/21/2021 | |
| Signature of Officer/Authorized Representative <i>Paula B</i> | | | | | |

FILED

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BY DL667SE
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MAIL TO:
Division of Business Services
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