

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV



State of Rhode Island
Department of State - Business Services Division

2021 OCT 21 A 11:17

Annual Report for the year: 2020
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 RT		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 Avenue		City Cranston	State RI
		Zip 02920	
7. List ALL officers (names and addresses) 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	City Cranston	State RI
Zip 02920		Zip 02920	
Secretary Name		Treasurer Name Paula Bovay	
Street Address		Street Address 400 Phenix Ave	
City	State	City Cranston	State RI
Zip 02920		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	City Cranston	State RI
Zip 02920		Zip 02920	
Director Name Paula Bovay		Director Name	
Street Address 400 Phenix Ave		Street Address	
City Cranston	State RI	City	State
Zip 02920		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 Bovay			Date 10/21/2021
Signature of Officer/Authorized Representative 			

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

OCT 21 2021
BY 667SE
11:18