



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.

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 BUS SVCS DIV
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| | | | |
|---|--------------------|--|--------------------------|
| 1. Entity ID Number 00100590 | | 2. Exact name of the Corporation Douville Middle School Parent Tech Organization | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island PTO - school fundraising | |
| 4. NAICS Code 831410 | | | |
| 6. Principal Office Address 200 School Street | | City Norwinton | State RI |
| | | Zip 02852 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Kerri Ouellette | | Vice-President Name | |
| Street Address 200 School St | | Street Address | |
| City RI | State RI | Zip 02852 | |
| Secretary Name | | Treasurer Name Jennifer Davis | |
| Street Address | | Street Address 200 School Street | |
| City | State | Zip | City RI |
| | | | State RI |
| | | | Zip 02852 |
| 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 Kerri Ouellette | | Director Name Jill Taylor | |
| Street Address 200 School St | | Street Address 200 School St | |
| City RI | State RI | Zip 02852 | City RI |
| | | | State RI |
| | | | Zip 02852 |
| Director Name Jennifer Davis | | Director Name | |
| Street Address 200 School St | | Street Address | |
| City RI | State RI | Zip 02852 | 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. | | | |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i> | | | |
| Name of Officer/Authorized Representative Jennifer Davis | | | Date 9/20/2021 |
| Signature of Officer/Authorized Representative Jwabo | | | |

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

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