State of Rhode Island
Department of State - Business Services Division

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BUS SVCS DIV
2021 DEC 20 PM 2:05

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: 001001590	2. Exact name of the Corporation: Douglas Middle School Parent Teach 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: 813410	

6. Principal Office Address	City	State	Zip
200 School Street	Narragansett	RI	02852

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Kerri Quellette	
Street Address: 200 School St	Street Address:
City: Nr / State: RI / Zip: 02852	City / State / Zip:
Secretary Name:	Treasurer Name: Jennifer Davis
Street Address:	Street Address: 200 School Street
City / State / Zip:	City: Nr / 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 ☐

Director Name	Director Name
Kerri Quellette	Julie Taylor
Street Address: 200 School St	Street Address: 200 School St
City: Nr / State: RI / Zip: 02852	City: Nr / State: RI / Zip: 02852
Director Name: Jennifer Davis	Director Name:
Street Address: 200 School St	Street Address:
City: Nr / 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.

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

Name of Officer/Authorized Representative	Date
Jennifer Davis	9/20/2021
Signature of Officer/Authorized Representative: [signature]	FILED 2:06

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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BY 00074YE

FORM 631 - Revised: 08/2020