State of Rhode Island
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Fee: $20.00

Non-Profit Corporation Annual Report

Filing Period: February 1 - May 1

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: 2023

1. Corporate ID No. 001445464

2. Name of Corporation PEACE DALE ELEMENTARY SCHOOL PARENT TEACHER ORGANIZATION

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

813319

4. Principal Office Address

No. and Street: 109 KERSEY ROAD
City or Town: SOUTH KINGSTOWN State: RI Zip: 02879 Country: USA

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

THE PURPOSE OF THE PTO IS TO ASSIST THE PEACE DALE ELEMENTARY SCHOOL FACULTY AND STUDENT BODY IN ACHIEVING ACADEMIC AND SOCIAL EXCELLENCE.

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MORGAN SOWERS	245 GREENWOOD DRIVE SOUTH KINGSTOWN, RI 02879 USA
TREASURER	CAITLIN RESTIVIO	53 SCHAEFFER STREET SOUTH KINGSTOWN, RI 02879 USA
DIRECTOR	MORGAN SOWERS	245 GREENWOOD DRIVE SOUTH KINGSTOWN, RI 02879 USA
DIRECTOR	LESSA SHEAR	14 BIRCHWOOD DRIVE SOUTH KINGSTOWN, RI 02879 USA
DIRECTOR	CAITLIN RESTIVIO	53 SCHAEFFER STREET SOUTH KINGSTOWN, RI 02879 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

CAITLIN RESTIVO 109 KERSEY ROAD WAKEFIELD , RI 02879

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

Signed this 5 Day of February, 2023 at 9:09:06 AM 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 CAITLIN RESTIVO
Signature of Authorized Person

Form No. 631
Revised 09/07