	State of Rhode Office of the Secret		Fee: \$20.00		
Division Of Business Services					
	148 W. River Street				
	Providence RI 029				
7636	(401) 222-30)40			
Non-Profit Corporation					
Annual Report Filing Period: February 1 - May	1				
		e			
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 - ENTER THE CURRENT FILING YEAR 2023: 2023					
1. Corporate ID No. 001725351					
2. Name of Corporation Middletown High School Parent Teacher Group					
3. State of Incorporation					
State: <u>RI</u>					
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 <u>click here.</u>					
NAICS Code					
<u>611710</u>					
4. Principal Office Address					
	LEY ROAD				
City or Town: <u>MIDDLE</u>	ETOWN State:	<u>RI</u> Zip: <u>02842</u>	Country: <u>USA</u>		
5. Brief Description of the Character of the Affairs Conducted in Rhode Island					
PARENT TEACHER GROUP FOR MIDDLETOWN HIGH SCHOOL					
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		dress , State, Zip Code, Country		

DIRECTOR	CYNTHIA SCHUSTER	73 OAK FOREST DRIVE MIDDLETOWN, RI 02842 USA
DIRECTOR	CAMILLE GUERIN	38 BLUEGRASS DR MIDDLETWON, RI 02842 USA
DIRECTOR	CHRISTA ROBINSON	193 N FENNER AVE MIDDLETOWN , RI 02842 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

MIDDLETOWN HIGH SCHOOL C/O MHS PTG CINDY SCHUSTER 130 VALLEY RD MIDDLETOWN , RI 02842

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

Signed this 1 Day of May, 2023 at 10:53:35 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 <u>CYNTHIA SCHUSTER</u>

Signature of Authorized Person

Form No. 631 Revised 09/07

© 2007 - 2023 State of Rhode Island All Rights Reserved