

## State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

**Non-Profit Corporation** 

Filing period: February 1 - May 1

→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number	2. Exact name of the Corporation				
000979900	PTA Rhode Island Congress of Parents and Teachers - Norwood School PTA				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RI	To promote the welfare of children and youth in home, school, community,				
4. NAICS Code	and place of worship, and related activities.				
813410					
6. Principal Office Address			City	State	Zip
266 Norwood Ave			Warwick	RI	02888
7. List ALL officers (names and addresses)  Check the box to indicate an attachment					
President Name Montana Green			Vice-President Name Jennifer McCullah		
Street Address 320 Elm St			Street Address 16 Outlet Ave		
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02888	City Warwick	State RI	<sup>Ζ</sup> ίο 02888
Secretary Name Katie Heal			Treasurer Name Melissa Topp		
Street Address 311 Pawtuxet Ave			Street Address 341 Maple St		
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment					
Director Name Montana Green			Director Name Jennifer McCullah		
Street Address 320 Elm St			Street Address 16 Outlet Ave		
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02888	<sup>City</sup> Warwick	State RI	Zio U2000
Director Name Katie Heal			Director Name Melissa Topp		
Street Address 311 Pawtuxet Ave			Street Address 341 Maple St		
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02888	<sup>City</sup> Warwick	State RI	Zip 02888
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require fiting 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, duty Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative				Date	
Melissa Topp				4/28/2023	
Signature of Officer/Authorized Representative FILED					
7070					

**Division of Business Services** 

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