



State of Rhode Island  
Department of State - Business Services Division

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2023 MAY 18 PM 1:34

Annual Report for the year: 2022

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.

1. Entity ID Number 000135299		2. Exact name of the Corporation Barrington Middle School Parent Teach Organization	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island The BMS PTO mission is to enhance and enrich the education of all students at BMS. We support the students and staff with enrichment and educational programs, provision of materials, and field trip/event support.	
4. NAICS Code 813319			
6. Principal Office Address 261 Middle Highway		City Barrington	State RI Zip 02806
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>			
President Name Kristin Brown		Vice-President Name Karen Naff	
Street Address 3 Rustwood Dr.		Street Address 110 County Rd.	
City Barrington	State RI	City Barrington	State RI Zip 02806
Secretary Name Stephanie Hardt-Adamek		Treasurer Name Tracy Warila	
Street Address 25 Fairway Dr.		Street Address 74 Governor Bradford Dr	
City Barrington	State RI	City Barrington	State RI Zip 02806
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>			
Director Name Kristin Brown		Director Name Tracy Warila	
Street Address 3 Rustwood Dr.		Street Address 74 Governor Bradford Dr	
City Barrington	State RI	City Barrington	State RI Zip 02806
Director Name Stephanie Hardt-Adamek		Director Name Karen Naff	
Street Address 25 Fairway Dr.		Street Address 110 County Rd.	
City Barrington	State RI	City Barrington	State RI Zip 02806
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
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 <b>Tracy Warila</b>			Date <b>5/16/2023</b>
Signature of Officer/Authorized Representative <i>Tracy Warila</i>			

FILED

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

MAY 18 2023

BY *AR3V2EW*

FORM 631- Revised: 04/2023

Barrington Middle School Parent Teacher Organization

Entity Number 000135299

OFFICERS CONTINUED:

Claire Moscrop

2 Coldspring Rd.

Barrington, RI 02806

DIRECTORS CONTINUED:

Claire Moscrop

2 Coldspring Rd.

Barrington, RI 02806