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**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2017

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 794167		2. Exact name of the Corporation OAKLAND BEACH PARENT TEACHERS ORGANIZATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO PROMOTE THE GENERAL WELFARE OF ALL THE SCHOOL CHILDREN, TO ASSIST THE STAFF IN PROVIDING FOR THE EDUCATIONAL, SOCIAL AND CULTURAL NEEDS OF THE CHILDREN			
4. NAICS Code 813990					
6. Principal Office Address 383 Oakland Beach Ave			City Warwick	State RI	Zip 02889
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Tammy Healy			Vice-President Name Nicole Uhrig		
Street Address 87 Reynolds Ave			Street Address 100 Page St		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Beverl-Ann Powell			Treasurer Name Stephanie Otilige		
Street Address 69 Viewesta Rd			Street Address 115 Haswill St		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02889
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Tammy Healey			Director Name Nicole Uhrig		
Street Address 87 Reynolds Ave			Street Address 100 Page St		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Director Name Beverlee-Ann Powell			Director Name Stephanie Otilige		
Street Address 69 Viewesta Rd			Street Address 115 Haswill St		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02889
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Jennifer L Kilday				Date 9/7/23	
Signature of Officer/Authorized Representative 					

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

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