State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV.
2023 OCT -4 P 3:30

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.

1. Entity ID Number	2. Exact name of the Corporation
001744688	Quidnessett Elementary PTO
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Parent Teacher organization that supports students, staff, and school through community engagement, volunteering, recognition, and events
4. NAICS Code: 611110	

6. Principal Office Address	City	State	Zip
166 Mark Dr	North Kingstown	RI	02852

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Heather Goodnow			Vice-President Name: None		
Street Address: 33 Cynthia Dr			Street Address: none		
City: North Kingstown	State: RI	Zip: 02852	City: none	State: none	Zip: none
Secretary Name: Audra Lavoie			Treasurer Name: Bethany Girard		
Street Address: 111 King Philip Dr			Street Address: 139 Smoke Ridge Dr		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Heather Goodnow			Director Name: Bethany Girard		
Street Address: 33 Cynthia Dr			Street Address: 139 Smoke Ridge Dr		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852
Director Name: Audra Lavoie			Director Name: None		
Street Address: 111 King Philip Dr			Street Address: None		
City: North Kingstown	State: RI	Zip: 02852	City: None	State: None	Zip: None

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.

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	Date
Bethany Girard	**10/04/2023**

Signature of Officer/Authorized Representative: Bethany Girard

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

FILED
3:31pm
OCT 04 2023

FORM 631 - Revised 04/2023

BY LKS QZAPQ