



**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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R.I. DEPT. OF STATE
BUS SVCS DIV
2023 NOV 30 A 8:46

1. Entity ID Number 000977196		2. Exact name of the Corporation Rockwell Parent Teacher Organization			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Parent Teacher Organization for Rockwell Elementary School in Bristol, RI			
4. NAICS Code 813920					
6. Principal Office Address 1225 Hope Street			City Bristol	State RI	Zip 02809
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stephanie Ferreira			Vice-President Name Kate Balestracci		
Street Address 12 Franca Drive			Street Address 83 Peck Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Jennifer Hayes			Treasurer Name Julie Wilcox		
Street Address 51 Fales Road			Street Address 22 Birchwood Drive		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
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 Stephanie Ferreira			Director Name Carla DaCosta		
Street Address 12 Franca Drive			Street Address 40 Peckham Place		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Julie Wilcox			Director Name Kate Balestracci		
Street Address 22 Birchwood Drive			Street Address 83 Peck Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
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 Kate Balestracci				Date 11-12-23	
Signature of Officer/Authorized Representative Kate Balestracci <small>Digitally signed by Kate Balestracci Date: 2023.11.27 11:51:18 -0500</small>					

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

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BY ML BKM55
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