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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

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Penalty Additional \$25.00 fee if form is not filed by May 31 1. Entity ID Number 2. Exact name of the Corporation 001749373 Potter-Burns Panda PTO 5. Brief description of the character of business conducted in Rhode Island 3. State of Incorporation RI We are a parent teacher organization that sponsors student activities and family events at an elementary school. 4. NAICS Code 813410 City 6. Principal Office Address State Zıp 973 Newport Ave Pawtucket RI 02861 List ALL officers (names and addresses) Check the box to indicate an attachment President Name Jessica Albright Vice-President Name Tanya Vargas Street Address 973 Newport Ave Street Address 973 Newport Ave State RI State RI ^{Zip} 02861 ^{City} Pawtucket Z:p 02861 ^{City} Pawtucket Secretary Name Rebecca McClelland Treasurer Name Beth Bedard Street Address 973 Newport Ave Street Address 973 Newport Ave State RI State RI ^{City} Pawtucket ^{Zip} 02861 City Pawtucket Zip 02861 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors Check the box to indicate an attachment Director Name Jessica Albright Director Name Tanya Vargas Street Address 973 Newport Ave Street Address 973 Newport Ave State RI ^{Zip} 02861 ^{City} Pawtucket State ^{City} Pawtucket Zip 02861 RI Director Name Beth Bedard Director Name Rebecca McClelland Street Address 973 Newport Ave Street Address 973 Newport Ave State RI State RI ^{City} Pawtucket ^{Zip} 02861 City Pawtucket Z:p 02861 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 Prosident, Vice-President, Secretary Assistant Secretary Treasurer, duly Authorized Pepresentative. Receiver or Trustee Name of Officer/Authorized Representative Date **Beth Bedard** 04-01-2024 ure of Officer/Authorized Representative

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222 3040 Website: www.sos.ri.gov