



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

APR 05 2024  
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1. Entity ID Number 001749373		2. Exact name of the Corporation Potter-Burns Panda PTO			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island We are a parent teacher organization that sponsors student activities and family events at an elementary school.			
4. NAICS Code 813410					
6. Principal Office Address 973 Newport Ave		City Pawtucket		State RI	Zip 02861
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>					
President Name Jessica Albright			Vice-President Name Tanya Vargas		
Street Address 973 Newport Ave			Street Address 973 Newport Ave		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Rebecca McClelland			Treasurer Name Beth Bedard		
Street Address 973 Newport Ave			Street Address 973 Newport Ave		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
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 type="checkbox"/></span>					
Director Name Jessica Albright			Director Name Tanya Vargas		
Street Address 973 Newport Ave			Street Address 973 Newport Ave		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Director Name Rebecca McClelland			Director Name Beth Bedard		
Street Address 973 Newport Ave			Street Address 973 Newport Ave		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
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>Beth Bedard</b>				Date <b>04-01-2024</b>	
Signature of Officer/Authorized Representative 					

MAIL TO:  
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