

**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024**1. Corporate ID No.** 001688177**2. Name of Corporation** North Providence PTO Group**3. State of Incorporation**State: RI**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

611110**4. Principal Office Address**No. and Street: 41 ANGELL AVECity or Town: NORTH PROVIDENCE State: RI Zip: 02911 Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**NORTH PROVIDENCE PARENT TEACHER ORGANIZATION**6. Names and Addresses of the Officers and Directors:**

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title**Individual Name**

First, Middle, Last, Suffix

Address

Address, City or Town, State, Zip Code, Country

PRESIDENT	AMY CARROLL	37 MARIGOLD CIRCLE NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	TAMMY LA MOUNTAIN	122 DUTCHESS AVENUE NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	DANYA MAILHOT	28 FERNCREST BLVD NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	DONNA HANLEY	6 SCOTT DRIVE RIVERSIDE , RI 02915 USA
DIRECTOR	JENNIFER BILLINGS	53 MANNING STREET NORTH PROVIDENCE, RI 02911 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

AMY CARROLL 37 MARIGOLD CIRCLE NORTH PROVIDENCE , RI 02904

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 22 Day of April, 2024 at 12:45:58 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By AMY CARROLL
Signature of Authorized Person

Form No. 631
Revised 09/07

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