



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

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Domestic Non-Profit  
Annual Report - Amended**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-1.2-1501(e), 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.*

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2024

**1. Corporate ID No.** 000134031

**2. Name of Corporation** Blackrock PTO, Inc.

**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

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 12 LACASA DRIVE  
City or Town: COVENTRY State: RI Zip: 02816 Country: USA

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO FACILITATE PARENT AND TEACHER INVOLVEMENT IN SCHOOL ACTIVITIES  
AND TO  
ADVOCATE FOR CHILDREN AND THE SCHOOL COMMUNITY

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title**

**Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3).  
R.I.G.L.  
7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	DORINNE ALBRIGHT	33 READ AVE COVENTRY, RI 02816 USA
TREASURER	MELISSA NELSON	23 HORNBEAM RD COVENTRY, RI 02816 USA
SECRETARY	KIMBERLY ROSSI	863 KNOTTY OAK RD COVENTRY, RI 02816 USA
MEMBERSHIP SECRETARY	JEANNIE GRECO	6 MARSHALL CIRCLE COVENTRY, RI 02816 USA
TEACHER LIASON	KRISTEN ABOOD	45 WOODMIST CIRCLE COVENTRY, RI 02816 USA
DIRECTOR	DORINNE ALBRIGHT	33 READ AVE COVENTRY, RI 02816 USA
DIRECTOR	KIMBERLY ROSSI	863 KNOTTY OAK RD COVENTRY, RI 02816 USA
DIRECTOR	JEANNIE GRECO	6 MARSHALL CIRCLE COVENTRY, RI 02816 USA
DIRECTOR	KRISTEN ABOOD	45 WOODMIST CIRCLE COVENTRY, RI 02816 USA
DIRECTOR	MELISSA NELSON	23 HORNBEAM ROAD COVENTRY, RI 02816 USA

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

SASHA DUGAL 47 HIGHLAND AVENUE COVENTRY , RI 02816

**Signed this 18 Day of June, 2024 at 1:15:54 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 MELISSA NELSON  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
office on this day:

June 18, 2024 01:15 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

