



**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 2025: 2025

1. Corporate ID No. 001712601

2. Name of Corporation Northern Lincoln Elementary PTO

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

813319

4. Principal Office Address

No. and Street: 315 NEW RIVER ROAD

City or Town: MANVILLE

State: RI

Zip: 02838

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. UPON DISSOLUTION OF THE ORGANIZATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING

SECTION OF ANY FUTURE FEDERAL TAX CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR TO A STATE OR LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE.

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
TREASURER	KATHRYN HAUSER	285 OLD RIVER ROAD LINCOLN, RI 02865 USA
SECRETARY	SARA ARGIRO	19 KENNEDY BOULEVARD LINCOLN, RI 02865 USA
SECRETARY	NICOLE VOLPE	414 OLD RIVER ROAD MANVILLE, RI 02838 USA
SECRETARY	LESLIE QUISH	20 KENNEDY BOULEVARD LINCOLN, RI 02865 USA
PRESIDENT	VICTORIA BOULIS	6 BRUSHWOOD DRIVE LINCOLN, RI 02865 USA
VICE PRESIDENT	JACLYN MUCCINO	315 NEW RIVER ROAD MANVILLE, RI 02838 USA
DIRECTOR	JACLYN MUCCINO	315 NEW RIVER ROAD MANVILLE, RI 02838 USA
DIRECTOR	SARA ARGIRO	19 KENNEDY BOULEVARD LINCOLN, RI 02865 USA
DIRECTOR	VICTORIA BOULIS	6 BRUSHWOOD DRIVE LINCOLN, RI 02865 USA
DIRECTOR	NICOLE VOLPE	414 OLD RIVER ROAD MANVILLE, RI 02838 USA
DIRECTOR	LESLIE QUISH	20 KENNEDY BOULEVARD LINCOLN, RI 02865 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**

VICTORIA BOULIS 315 NEW RIVER ROAD MANVILLE , RI 02838

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

Signed this 13 Day of November, 2024 at 7:52:53 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 VICTORIA BOULIS
Signature of Authorized Person

Form No. 631
Revised 09/07

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