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**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024
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.

1. Entity ID Number 000793238		2. Exact name of the Corporation Greystone PTA			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island PTA for Greystone Elementary			
4. NAICS Code 61110					
6. Principal Office Address 47 Locust Ave. Carissa Anderson			City North, Prov.	State RI	Zip 02911
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Tiffany Barth			Vice-President Name Lindsey Solomon		
Street Address 53 Brown Ave			Street Address 15 Wright St.		
City N. Prov	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Secretary Name			Treasurer Name Carissa Anderson		
Street Address			Street Address 47 Locust Ave		
City	State	Zip	City N. Prov	State RI	Zip 02911
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Tiffany Barth			Director Name Carissa Anderson		
Street Address 53 Brown Ave			Street Address 47 Locust Ave		
City N. Prov	State RI	Zip 02911	City N. Prov	State RI	Zip 02911
Director Name Lindsey Solomon			Director Name		
Street Address N. Prov. RI 15 Wright St			Street Address		
City N. Prov	State RI	Zip 02911	City	State	Zip
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Carissa Anderson					Date 12/4/25
Signature of Officer/Authorized Representative <i>Carissa Anderson</i>					

FILED

MAIL TO:
Division of Business Services
145 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

DEC. 06 2024 3:16pm
BY LKS J08B5 FORM 631- Revised: 12/2023