



State of Rhode Island
Department of State - Business Services Division

REC'D RID05 BSS
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Annual Report for the year: 2022
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 <u>000793238</u>		2. Exact name of the Corporation <u>Greystone PTA</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>PTA for Greystone Elementary</u>			
4. NAICS Code <u>61110</u>					
6. Principal Office Address <u>47 Locust Ave.</u> <u>Carissa Anderson</u>			City <u>North, Prov.</u>	State <u>RI</u>	Zip <u>02911</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Tiffany Barth</u>			Vice-President Name <u>Lindsey Solomon</u>		
Street Address <u>53 Brown Ave</u>			Street Address <u>15 Wright St.</u>		
City <u>N. Prov</u>	State <u>RI</u>	Zip <u>02911</u>	City <u>North Providence</u>	State <u>RI</u>	Zip <u>02911</u>
Secretary Name			Treasurer Name <u>Carissa Anderson</u>		
Street Address			Street Address <u>47 Locust Ave</u>		
City	State	Zip	City <u>N. Prov</u>	State <u>RI</u>	Zip <u>02911</u>
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 <u>Tiffany Barth</u>			Director Name <u>Carissa Anderson</u>		
Street Address <u>53 Brown Ave</u>			Street Address <u>47 Locust Ave</u>		
City <u>N. Prov</u>	State <u>RI</u>	Zip <u>02911</u>	City <u>N. Prov</u>	State <u>RI</u>	Zip <u>02911</u>
Director Name <u>Lindsey Solomon</u>			Director Name		
Street Address <u>N. Prov. RI 15 Wright St</u>			Street Address		
City <u>N. Prov</u>	State <u>RI</u>	Zip <u>02911</u>	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 <u>Carissa Anderson</u>					Date <u>12/4/25</u>
Signature of Officer/Authorized Representative <u>Carissa Anderson</u>					

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

FILED

3:14pm

DEC. 06 2024

FORM 631 - Revised: 12/2023

BY LKS JD8B5