RI SOS Filing Number: 202566590050 Date: 2/28/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
FEB 28 2025
BY

Annual Report for the year: 2025
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	2. Exact name of the Corporation
000836067	Curvin McCabe School PTO
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	PTO organizes family events for students at our school.
4. NAICS Code	
611110	

6. Principal Office Address	City	State	Zip
466 Cottage St	Pawtucket	RI	02861

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Kerri Mooney	Rhamurta Ojuri
Street Address: 466 Cottage St	Street Address: 466 Cottage St
City: Pawtucket, State: RI, Zip: 02861	City: Pawtucket, State: RI, Zip: 02861
Secretary Name	**Treasurer Name**
Jessica Franco	Jocelyn Succi
Street Address: 466 Cottage St	Street Address: 466 Cottage St
City: Pawtucket, State: RI, Zip: 02861	City: Pawtucket, State: RI, Zip: 02861

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Jocelyn Succi	Shannyn Nelson
Street Address: 466 Cottage St	Street Address: 466 Cottage St
City: Pawtucket, State: RI, Zip: 02861	City: Pawtucket, State: RI, Zip: 02861
Director Name: Despina Diko	Director Name:
Street Address: 466 Cottage St	Street Address:
City: Pawtucket, State: RI, Zip: 02861	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.

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

Name of Officer/Authorized Representative	Date
Jocelyn Succi - Treasurer	02/24/2025

Signature of Officer/Authorized Representative: Jocelyn Succi

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

FORM 631- Revised: 12/2023