



**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. 000134031

2. Name of Corporation Blackrock PTO, Inc.

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
611110

4. Principal Office Address

No. and Street: 12 LACASA DRIVE

City or Town: COVENTRY

State: RI

Zip: 02816

Country: USA

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

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

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	Address
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	First, Middle, Last, Suffix	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	KRISTEN ABOOD	45 WOODMIST CIRCLE COVENTRY, RI 02816 USA
DIRECTOR	MELISSA NELSON	23 HORNBEAM ROAD 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	DORINNE ALBRIGHT	33 READ AVE COVENTRY, RI 02816 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**

DORINNE ALBRIGHT 33 READ AVENUE COVENTRY , RI 02816

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

Signed this 27 Day of March, 2025 at 1:36:46 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