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. 000158613

2. Name of Corporation RIVERSIDE MIDDLE SCHOOL PTA

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: 179 FORBES STREET
City or Town: RIVERSIDE State: RI Zip: 02915 Country: USA

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

PARENT TEACHER ASSOCIATION TO HELP EDUCATION, DEVELOP AND PROMOTE FOR THE CHILDREN OF RIVERSIDE MIDDLE SCHOOL

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

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	JESSICA BEAUCHAINE	55 WINSLOW STREET RIVERSIDE , RI 02915 USA
TREASURER	JANET HASKINS	77 PLUM ROAD RIVERSIDE, RI 02915 USA
DIRECTOR	SHAWNA EVANS	128 ALLEN AVE RIVERSIDE, RI 02915 USA
DIRECTOR	JESSICA BEAUCHAINE	55 WINSLOW STREET RIVERSIDE , RI 02915 USA
DIRECTOR	JANET HASKINS	77 PLUM ROAD RIVERSIDE , RI 02915 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

SANDRA FORAND 179 FORBES STREET RIVERSIDE , RI 02915

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

Signed this 9 Day of April, 2025 at 2:59:14 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 JESSICA BEAUCHAINE
Signature of Authorized Person

Form No. 631
Revised 09/07