State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV.

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
000794167	Oakland Beach Parent Teachers Organization
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	Fundraise to offer free events and assemblies to our students and assist classrooms as requested
4. NAICS Code	
611110	

6. Principal Office Address	City	State	Zip
383 Oakland Beach Ave.	Warwick	RI	02889

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

President Name	Vice-President Name
Kelly Mastrostefano	N/A
Street Address: 162 Custer St.	Street Address:
City: Warwick / State: RI / Zip: 02889	City: / State: / Zip:
Secretary Name	**Treasurer Name**
Michael Holmes	N/A
Street Address: 77 Pearl Ave.	Street Address:
City: Warwick / State: RI / Zip: 02889	City: / State: / Zip:

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
Matthew Yates	Briana Larkin
Street Address: 383 Oakland Beach Ave.	Street Address: 35 Custer St
City: Warwick / State: RI / Zip: 02889	City: Warwick / State: RI / Zip: 02889
Director Name	**Director Name**
Michael Holmes	
Street Address: 77 Pearl Ave.	Street Address:
City: Warwick / State: RI / Zip: 02889	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
Kelly Mastrostefano	4/17/25

Signature of Officer/Authorized Representative: Kelly Mastrostefano

FILED
MAY 08 2025
BY 1031 AM.

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