



State of Rhode Island
Department of State - Business Services Division

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.

2025 MAY - 8
RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV.

STAMP

1. Entity ID Number <u>000794167</u>	2. Exact name of the Corporation <u>Oakland Beach Parent Teachers Organization</u>
3. State of Incorporation <u>RI</u>	5. Brief description of the character of business conducted in Rhode Island <u>Fundraise to offer free events and assemblies to our students and assist classrooms as requested</u>
4. NAICS Code <u>611110</u>	

6. Principal Office Address <u>383 Oakland Beach Ave.</u>	City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name <u>Kelly Mastrostefano</u>	Vice-President Name <u>N/A</u>
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Street Address <u>162 Custer St.</u>	Street Address
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City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>	City	State	Zip
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Secretary Name <u>Michael Holmes</u>	Treasurer Name <u>N/A</u>
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Street Address <u>77 Pearl Ave.</u>	Street Address
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City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>	City	State	Zip
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8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name <u>Matthew Yates</u>	Director Name <u>Brianna Larkin</u>
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Street Address <u>383 Oakland Beach Ave.</u>	Street Address <u>35 Custer St.</u>
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City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>	City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>
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Director Name <u>Michael Holmes</u>	Director Name
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Street Address <u>77 Pearl Ave.</u>	Street Address
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City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>	City	State	Zip
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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 <u>Kelly Mastrostefano</u>	Date <u>4/17/25</u>
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Signature of Officer/Authorized Representative <u>Kelly Mastrostefano</u>	FILED MAY 08 2025 BY <u>1031 PAA</u>
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