



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.

RECEIVED
I. DEPT. OF STATE
BUS SVCS

675 JUN 23 2025 11:35 AM

1. Entity ID Number 000135299		2. Exact name of the Corporation Barrington Middle School Parent Teacher Organization	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island We support BMS students and staff with enrichment and educational programs, provision of materials, and field trip/event support.	
4. NAICS Code 813319			
6. Principal Office Address 261 Middle Highway		City Barrington	State RI
		Zip 02806	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Kristin Brown		Vice-President Name Gregory Pelletier	
Street Address 3 Rustwood Dr.		Street Address 19 Winsor Dr	
City Barrington	State RI	City Barrington	State RI
Zip 02806		Zip 02806	
Secretary Name Colleen Coughlin		Treasurer Name Stephen Perreault	
Street Address 2 Cheshire Dr		Street Address 11 Humphreys Rd.	
City Barrington	State RI	City Barrington	State RI
Zip 02806		Zip 02806	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Kristin Brown		Director Name Gregory Pelletier	
Street Address 3 Rustwood Dr.		Street Address 19 Winsor Dr	
City Barrington	State RI	City Barrington	State RI
Zip 02806		Zip 02806	
Director Name Stephen Perreault		Director Name	
Street Address 11 Humphreys Rd.		Street Address	
City Barrington	State RI	City	State
Zip 02806		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.			
<i>This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative Stephen Perreault			Date 6/19/2025
Signature of Officer/Authorized Representative 			

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

FILED 11:35 A

JUN 23 2025

FORM 631- Revised 12/2023

CBN

BY SENAR