RI SOS Filing Number: 202576247690 Date: 6/23/2025 11:35:00 AM

THE REAL PROPERTY.
< 23. *

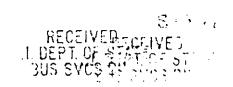
State of Rhode Island **Department of State - Business Services Division**

Annu	al Re _l	port fo	the	уеаг:	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								
000135299	Barrington Middle School Parent Teacher Organization								
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island								
RI	We support BMS students and staff with enrichment and educational								
4. NAICS Code	programs, provision of materials, and field trip/event support.								
813319	First of the first								
6. Principal Office Address	<u> </u>		City	State	Zip				
261 Middle Highway			Barrington	RI	02806				
7. List ALL officers (names and addresses) Check the box to indicate an attachment									
President Name Kristin Brown			Vice-President Name Gregory Pelletier						
Street Address 3 Rustwood Dr.			Street Address 19 Winsor Dr						
^{City} Barrington	State RI	^{Zip} 02806	City Barrington	State RI	Zip 02806				
Secretary Name Colleen Coughlin			Treasurer Name Stephen Perreault						
Street Address 2 Cheshire Dr			Street Address 11 Humphreys Rd.						
^{City} Barrington	State RI	^{Zip} 02806	^{City} Barrington	State RI	Zip 02806				
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment									
Director Name Kristin Brown	· · ·		Director Name Gregory Pelletier						
Street Address 3 Rustwood Dr	•		Street Address 19 Winsor Dr						
City Barrington	State RI	^{Zip} 02806	City Barrington	State RI	Zip UŽOUU				
Director Name Stephen Perreault			Director Name						
Street Address 11 Humpreys Rd.			Street Address						
		^{Zip} 02806	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, duty Authorized Representative, Receiver or Trustee									
Name of Officer/Authorized Representative Date									
Stephen Perreault		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



BY SEHAR