



**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. 001729776

2. Name of Corporation Steere Farm Elementary 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

611110

4. Principal Office Address

No. and Street: 915 STEERE FARM ROAD

City or Town: PASCOAG

State: RI

Zip: 02830

Country: USA

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

THE STEERE FARM ELEMENTARY PTA IS BEING ORGANIZED TO SUPPORT THE ACTIVITIES AND EDUCATIONAL NEEDS OF STUDENTS AND STAFF

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
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	KERRIE CZERWEIN	970 MOUNT PLEASANT RD HARRISVILLE, RI 02830 USA
DIRECTOR	ERIKA IAFRATE	223 LYNNE LANE MAPLEVILLE, RI 02839
DIRECTOR	SHANNON LUTTGE	20 KRISTEN LANE MAPLEVILLE, RI 02839 USA
DIRECTOR	JENNIFER BROWN	21 OLD MILL STREET HARRISVILLE, RI 02830 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

HOLLY WRIGHT 880 LAPHAM FARM ROAD MAPLEVILLE , RI 02839

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

Signed this 11 Day of July, 2025 at 10:36:24 AM 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 SHANNON LUTTGE
Signature of Authorized Person

Form No. 631
Revised 09/07

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