



Department of State - Business Services Division

Annual Report for the year: 2022
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.

STAMP

FEB 09 2022
FOR SECRETARY OF STATE USE ONLY

RV 91 DS

1. Entity ID Number 000911196		2. Exact name of the Corporation NKHS PTSO			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To support the education of students at North Kingstown High School by fostering relationships between the school, parents and students			
4. NAICS Code 611110 - Elementary and Seco					
6. Principal Office Address 150 Fairway Drive		City North Kingstown	State RI	Zip 02852	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kerri Ouelette		Vice-President Name			
Street Address 150 Fairway Drive		Street Address			
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Christine Newton		Treasurer Name Tracy Wilkinson			
Street Address 150 Fairway Drive		Street Address 72 Pine Tree Circle			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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 Kerri Ouelette		Director Name Tracy Wilkinson			
Street Address 150 Fairway Drive		Street Address 72 Pine Tree Circle			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name Christine Newton		Director Name			
Street Address 150 Fairway Drive		Street Address			
City North Kingstown	State RI	Zip 02852	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.					
<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 Tracy Wilkinson				Date 3rd February 2022	
Signature of Officer/Authorized Representative <i>Tracy Wil</i>					