



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

Annual Report for the year: 2023
Non-Profit Corporation

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31

2023 OCT -6 P 3:31

1. Entity ID Number 000029848		2. Exact name of the Corporation Rhode Island Congress of Parents and Teachers			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To improve the health, education and welfare of children and youth			
4. NAICS Code 61110					
6. Principal Office Address PO BOX 8476			City Warwick	State RI	Zip 02889
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Amanda Carlow			Vice-President Name Ryan Switzer		
Street Address 70 Windsor Park Drive			Street Address 1 Berkshire Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02819
Secretary Name Rachel Machado			Treasurer Name Elonde Jean Pierre		
Street Address 71 Elm Grove Ave			Street Address 444 Woodward Road #5		
City Smithfield	State RI	Zip 02917	City North Providence	State RI	Zip 02904
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 Madison Estes			Director Name Ryan Switzer		
Street Address PO BOX 671			Street Address 1 Berkshire Road		
City Rowley	State MA	Zip 01969	City Coventry	State RI	Zip 02816
Director Name Amanda Carlow			Director Name		
Street Address 70 Windsor Park Drive			Street Address		
City Coventry	State RI	Zip 02816	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Madison Estes					Date 10/05/2023
Signature of Officer/Authorized Representative <i>Madison Estes</i>					FILED

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

OCT 06 2023 3:32pm
BY LKS GGVWA
FORM 631- Revised 04/2023