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State of Rhode Island and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: $20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

**** 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.***

1. Corporate ID No.	2. Name of Corporation		
122527	THE NORTHWEST ANIMAL PROTECTION LEAGUE		
3. State of Incorporation: RI	4. Corporate address in Rhode Island - Street Address: 16 1/2 WILSON ST.	City: W. WARWICK	Zip: 02893
5. **Foreign corporation.** Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
TO PROVIDE, FOOD, MEDICAL CARE + HOMES FOR INJURED, SICK, AND HOMELESS ANIMALS. ALSO TO PROVIDE SPAYING/NEUTERING, WHEN NECESSARY

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: MARY H. GROSSMAN	Vice President Name: CHRISTINE PIETROPAOLO
Street Address: 16 1/2 WILSON ST.	Street Address: 21 BROOKFARM RD.
City: W. WARWICK State: RI Zip: 02893	City: N. PROVIDENCE State: RI Zip: 02904
Secretary Name - TREAS: DEBBIE OLIVIER	Treasurer Name:
Street Address: 31 1/2 MT. HYGEIA RD.	Street Address:
City: FOSTER State: RI Zip: 02825	City: State: Zip:

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name: MARY H. GROSSMAN	Director Name: CHRISTINE PIETROPAOLO
Street Address: 16 1/2 WILSON ST.	Street Address: 21 BROOKFARM RD.
City: W. WARWICK State: RI Zip: 02893	City: N. PROVIDENCE State: RI Zip: 02904
Director Name: DEBBIE OLIVIER	Director Name:
Street Address: 31 1/2 MT HYGEIA RD.	Street Address:
City: FOSTER State: RI Zip: 02825	City: State: Zip:

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 R.I.G.L. 7-6-13 / 7-6-78

Agent Name: MARY H. GROSSMAN	Address:
Address: 16 1/2 WILSON ST.	City: W. WARWICK Zip: 02893

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

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.

Mary H. Grossman 6/2/08
Signature of Officer *Date*

MARY H. GROSSMAN
Print or Type Name of Officer

PRESIDENT
Title of Officer

[redacted]

File Date: FILED
Check No: JUN 06 2008
By: By 4923
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Form 631 Rev. 12/06