



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 2009

**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. <b>000355459</b>		2. Name of Corporation <b>Guardian Angel Cat Haven</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Corporate address in Rhode Island - Street Address <b>581 Trimtown Road</b>		City <b>North Scituate</b>	Zip <b>02857</b>
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					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Kevin J. O'Connor</b>			Vice President Name <b>Stephen Wagner</b>		
Street Address <b>6 Powder Mill Lane</b>			Street Address <b>Po Box 183</b>		
City <b>Greenville</b>	State <b>Rhode Island</b>	Zip <b>02828</b>	City <b>Foster</b>	State <b>Rhode Island</b>	Zip <b>02825</b>
Secretary Name <b>Patricia Ferneza</b>			Treasurer Name <b>Wanda B. Monroe</b>		
Street Address <b>55 Francis Road</b>			Street Address <b>581 Trimtown Road/Po Box 15</b>		
City <b>North Scituate</b>	State <b>Rhode Island</b>	Zip <b>02857</b>	City <b>North Scituate</b>	State <b>Rhode Island</b>	Zip <b>02857</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 <b>Kevin J. O'Connor</b>			Director Name <b>Stephen Wagner</b>		
Street Address <b>6 Powder Mill Lane</b>			Street Address <b>Po Box 183</b>		
City <b>Greenville</b>	State <b>Rhode Island</b>	Zip <b>02828</b>	City <b>Foster</b>	State <b>Rhode Island</b>	Zip <b>02825</b>
Director Name <b>Patricia Ferneza</b>			Director Name <b>Wanda B. Monroe</b>		
Street Address <b>55 Francis Road</b>			Street Address <b>581 Trimtown Road/Po Box 15</b>		
City <b>North Scituate</b>	State <b>Rhode Island</b>	Zip <b>02857</b>	City <b>North Scituate</b>	State <b>Rhode Island</b>	Zip <b>02857</b>
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

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

11/12

File Date	<b>FILED</b>
Check No.	<b>JUN 23 2009</b>
By:	<b>By [Signature] 92748</b>
FOR SECRETARY OF STATE USE ONLY	

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.

**Wanda B. Monroe** **June 22, 2009**  
Signature of Officer Date  
**Wanda B. Monroe**  
Print or Type Name of Officer  
**Treasurer**  
Title of Officer