



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

A. Ralph Molits, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
i01.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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. 505401		2. Name of Corporation FRIENDS OF CHARLESTOWN ANIMAL SHELTER			
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address NONE P.O. BOX 1303		City CHARLESTOWN	Zip 02813
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 ANIMAL WELFARE FUND RAISING FOR SPAY/NEUTER PUBLIC EDUCATION					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name NANCY KOHLER			Vice President Name JUDY WARD		
Street Address 287 YAWGOD VALLEY RD.			Street Address 17 PATTON ST.		
City EXETER	State RI	Zip 02822	City COVENTRY	State RI	Zip 02892
Secretary Name JANICE F. CARLSON			Treasurer Name SUSAN SEWALL		
Street Address 409 CHARLESTOWN Bch. RD.			Street Address 119 PECKHAM HOLLOW RD.		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
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			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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

FILED

File Date JUN 20 2011
 Check No. BY 1514
 By: _____
 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.

Janice F. Carlson _____
 Signature of Officer Date
JANICE F. CARLSON
 Print or Type Name of Officer
SECRETARY
 Title of Officer