



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>505401</b>		2. Exact name of the Corporation <b>FRIENDS OF CHARLESTOWN ANIMAL SHELTER</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>FUND RAISING FOR SPAY/NEUTER ANIMAL WELFARE - PUBLIC EDUCATION</b>			
5. Principal office address <b>None P.O. Box 1303</b>		City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>NANCY KOHLER</b>			Vice-President Name <b>JODY WARD</b>		
Street Address <b>287 YAWGOO VALLEY RD.</b>			Street Address <b>17 PATTON ST.</b>		
City <b>EXETER</b>	State <b>RI</b>	Zip <b>02822</b>	City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02892</b>
Secretary Name <b>JANICE CARLSON</b>			Treasurer Name <b>SUSAN SEWALL</b>		
Street Address <b>P.O. BOX 1544 409 CHARLESTOWN Bch. Rd.</b>			Street Address <b>119 PECKHAM HOLLOW RD.</b>		
City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
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
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

**JUN 13 2012**

By MNC  
 CR # 1631

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