



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

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

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.

**ANNUAL REPORT YEAR:** 2014

**1. Corporate ID No.** 000849108

**2. Name of Corporation** Companion Animal Welfare Society, Inc.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 88 WEST WARWICK AVE  
SUITE 10

City or Town: WEST WARWICK State: RI Zip: 02893 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

PREVENTION OF CRUELTY TO AND PROMOTION OF WELL-BEING OF ANIMALS

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

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

Title	Individual Name	Address
PRESIDENT	PAIGE PLUMB DVM	175 MASSACHUSETTS AVE #201 WARWICK, RI 02888 USA
TREASURER	DENISE SPENDER CVT	935 KNOTTY OAK RD COVENTRY, RI 02816 USA

SECRETARY	MARY KRAMOLOWSKY	6101 RAMBRIDGE DR. OAKLAHOMA CITY, OK 73162 USA
DIRECTOR	PAIGE PLUMB, DVM	175 MASSACHUSETTS AVENUE, #201 WARWICK, RI 02888 USA
DIRECTOR	MARY KRAMOLOWSKY	6101 RAMBRIDGE DR. OAKLAHOMA, OK 73162 USA
DIRECTOR	DENISE SPENDER CVT	935 KNOTTY OAK RD COVENTRY, RI 02816 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

DENISE SPENDER 935 KNOTTY OAK ROAD COVENTRY , RI 02816

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 12 Day of May, 2014 at 4:39:43 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By DENISE SPENDER  
Signature of Authorized Person

Form No. 631  
Revised 09/07