



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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.

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|---|--------------------|--|--|---------------------|---------------------|
| 1. Entity ID No. 505401 | | 2. Exact name of the Corporation THE FRIENDS OF THE CHARLESTOWN ANIMAL SHELTER | | | |
| 3. State of Incorporation RI | | 4. Brief description of the character of business conducted in Rhode Island FUNDRAISING FOR SPAYING AND NEUTERING AS WELL AS PROVIDING FOR ANIMAL WELFARE AND PUBLIC EDUCATION | | | |
| 5. Principal office address 50 SAND HILL RD | | City CHARLESTOWN | State RI | Zip 02813 | |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name NANCY KOHLER | | | Vice-President Name N/A | | |
| Street Address 4299 S. COUNTY TR | | | Street Address | | |
| City CHARLESTOWN | State RI | Zip 02813 | City | State | Zip |
| Secretary Name JODY WARD | | | Treasurer Name SUSAN SEWALL | | |
| Street Address 17 PATTON ST | | | Street Address 119 PECKHAM HOLLOW RD | | |
| City COVENTRY | State RI | Zip 02816 | City CHARLESTOWN | State RI | Zip 02813 |
| 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"/> | | | | | |
| Director Name NANCY KOHLER | | | Director Name JODY WARD | | |
| Street Address 4299 S. COUNTY TR | | | Street Address 17 PATTON ST | | |
| City CHARLESTOWN | State RI | Zip 02813 | City COVENTRY | State RI | Zip 02816 |
| Director Name SUSAN SEWALL | | | Director Name | | |
| Street Address 119 PECKHAM HOLLOW RD | | | Street Address | | |
| City CHARLESTOWN | State RI | Zip 02813 | City | State | Zip |
| 8. REGISTERED AGENT IN RHODE ISLAND | | | | | |
| 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, duly Authorized Representative, Receiver or Trustee

FILED

JUN 11 2014

File Date _____

Check No _____

By: _____

BY 1250

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.

Signature of Officer or Authorized Representative Jody Ward Date 6/10/14

FOR SECRETARY OF STATE USE ONLY

JODY WARD
 Print or Type Name of Officer or Authorized Representative