



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.

1. Entity ID No. <u>28612</u>		2. Exact name of the Corporation <u>Charlho Westerly Animal Rescue League</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>a 501-c-3 dedicated to animal health & welfare. We offer low cost spay/neuter, education. Assist elderly w/security deposits. Loan out a heart trap</u>	
5. Principal office address <u>Po Box 1237</u>		City <u>Westerly</u>	State <u>RI</u>
Zip <u>02891</u>			
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name <u>Michael Vona (acting)</u>		Vice-President Name <u>Michael Vona</u>	
Street Address <u>10 Boulder Dr</u>		Street Address <u>10 Boulder Dr</u>	
City <u>Richmond</u>	State <u>RI</u>	City <u>Richmond</u>	State <u>RI</u>
Zip <u>02891</u>		Zip <u>02891</u>	
Secretary Name <u>Larry Hirsch</u>		Treasurer Name <u>Gail Quattromani</u>	
Street Address <u>8 Peepload Rd</u>		Street Address <u>19 Hiscow Rd</u>	
City <u>Westerly</u>	State <u>RI</u>	City <u>Westerly</u>	State <u>RI</u>
Zip <u>02891</u>		Zip <u>02891</u>	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐			
Director Name <u>Hattie Vaccaro</u>		Director Name <u>Larry Hirsch</u>	
Street Address <u>13 Boy Scout Dr</u>		Street Address <u>8 Peepload Rd</u>	
City <u>Westerly</u>	State <u>RI</u>	City <u>Westerly</u>	State <u>RI</u>
Zip <u>02891</u>		Zip <u>02891</u>	
Director Name <u>Rosemary Williams</u>		Director Name <u>Michael Vona</u>	
Street Address <u>154 Maxon Hill Rd</u>		Street Address <u>10 Boulder Dr</u>	
City <u>Pashaway</u>	State <u>RI</u>	City <u>Richmond</u>	State <u>RI</u>
Zip <u>02804</u>		Zip <u>02891</u>	
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

File Date _____

Check No _____

By: _____

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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

Date

Print or Type Name of Officer or Authorized Representative