



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: 2015

1. Corporate ID No. 000419780

2. Name of Corporation West Warwick Angels Caring for Animals, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 23 TAYLOR ROAD

City or Town: JOHNSTON

State: RI

Zip: 02919

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

TO RAISE MONEY FOR THE MEDICAL CARE AND WELFARE OF ANIMALS RESIDING AT THE ANIMAL SHELTER LOCATED IN WEST WARWICK RHODE ISLAND EXCLUSIVELY FOR CHARITABLE PURPOSES INCLUDING THE MAKING AND DISTRIBUTION TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	LORI RIVARD	23 TAYLOR RD JOHNSTON, RI 02919 USA

TREASURER	SUSAN DULAC	187 ARNOLD RD COVENTRY, RI 02816 USA
SECRETARY	KIMBERLY MCDONOUGH	96 MAYBURY ST CUMBERLAND, RI 02864 USA
VICE PRESIDENT	JOAN LEVITT	11 HARVARD CT CRANSTON, RI 02920 USA
DIRECTOR	SHANNON NAPOLITANO	8 WELFARE AVE WARWICK, RI 02888 USA
DIRECTOR	ROSE PASQUARELLI	115 GEORGE ST WARWICK, RI 02888 USA
DIRECTOR	SARAH TRAVER	225 KNIGHT ST WARWICK, RI 02886 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**

LORI RIVARD 23 TAYLOR ROAD JOHNSTON , RI 02919

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

Signed this 8 Day of July, 2015 at 9:54:32 AM 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 LORI RIVARD
Signature of Authorized Person

Form No. 631
Revised 09/07