



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.** 000121328

**2. Name of Corporation** Friends of the Warwick Animal Shelter

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: P.O. BOX 9285

City or Town: WARWICK State: RI Zip: 02886 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 INCREASE PUBLIC AWARENESS AND SUPPORT OF THE WARWICK ANIMAL SHELTER

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JUDY SALVADORE	345 GILBERT STUART ROAD SAUNDERSTOWN, RI 02874 USA
TREASURER	LISA ANN EVORA	317 PIERCE AVENUE WARWICK, RI 02888 USA

SECRETARY	BRENDA NORDIN	89 BENEDICT ROAD WARWICK, RI 02888 USA
DIRECTOR	BETSY CUSHMAN	61 CALDERWOOD DRIVE WARWICK, RI 02886 USA
DIRECTOR	DEBORAH NIOSI	79 SAGAMORE ROAD CRANSTON, RI 02920 USA
DIRECTOR	RUTH CURTIS	84 TENNESSEE AVE 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**

BETSY H. CUSHMAN 61 CALDERWOOD DRIVE WARWICK , RI 02886

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

**Signed this 13 Day of July, 2015 at 10:48:11 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 LISA ANN EVORA  
Signature of Authorized Person

Form No. 631  
Revised 09/07