



**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: 2016

1. Corporate ID No. 000094607

2. Name of Corporation Windwalker Humane Coalition WHC

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 190 MILL COVE ROAD

City or Town: WARWICK

State: RI Zip: 02889 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 EDUCATE EVERYONE ABOUT THE CONNECTION BETWEEN PEOPLE & 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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JOANN SUTCLIFFE	3 HILLVIEW SCITUATE, RI 02857 USA
TREASURER	KAREN LEWIS	190 MILL COVE ROAD WARWICK, RI 02889 USA
SECRETARY	SHEILA SMITH	26 CLUB LANE

		HARRISVILLE, RI 02830 USA
VICE PRESIDENT	LINDA NORMAN LYMAN	386 BLUE RIDGE RD WARWICK, RI 02886 USA
DIRECTOR	CYNTHIA VANZUDENHAVE	116 MANLEY DRIVE PASCOAG, RI 02859 USA
DIRECTOR	LEA COOPER	27 ARROW HEAD TRAIL NORTH SCITUATE, RI 02857 USA
DIRECTOR	JENNIFER MUNROE	458 PHILLIPS HILL RD. COVENTRY, RI 02857 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

KAREN T LEWIS 190 MILL COVE ROAD WARWICK , RI 02889

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, 2016 at 1:18:59 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 KAREN LEWIS
Signature of Authorized Person

Form No. 631
Revised 09/07

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