



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation	
152210		WEST GREENWICH ANIMAL SHELTER COMM. INC	
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island	
RI		TO ESTABLISH, ORGANIZE & PROVIDE A SHELTER & RELATED SERVICES TO MEMBERS OF WEST GREENWICH	
5. Principal Office Address		City	State
850 Ten Rod Rd		Exeter	RI
		Zip	02822
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name		Vice-President Name	
MARY Lou WHITFORD		Alice Duffy	
Street Address		Street Address	
850 Ten Rod Rd		42 Roland DR	
City	State	City	State
Exeter	RI	W. Greenwich	RI
Zip	02822	Zip	02817
Secretary Name		Treasurer Name	
MAYRA Andrews		Michelle Johnson	
Street Address		Street Address	
803 Victory Hwy		50 Weaver Hill Rd	
City	State	City	State
West Greenwich	RI	W. Greenwich	RI
Zip	02817	Zip	02817
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Michelle Johnson		Rebecca Whitford	
Street Address		Street Address	
50 Weaver Hill Rd		100 Sisson Rd	
City	State	City	State
W. Greenwich	RI	Greene	RI
Zip	02817	Zip	02862
Director Name		Director Name	
Richard Brown		Trudy Carey	
Street Address		Street Address	
53 Bailey DR		50 Edgewood DR	
City	State	City	State
West Greenwich	RI	N. Kingstown	RI
Zip	02817	Zip	02852
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative			Date
MARY Lou WHITFORD			6-4-16
Signature of Officer/Authorized Representative			
<i>Mary Lou Whitford</i>			

FILED

JUN 08 2016

By KL1004