



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. 000158804

2. Name of Corporation Cat Adoption Team Services

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 209 WATERMAN AVENUE

City or Town: RIVERSIDE

State: RI Zip: 02915 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

ANIMAL HUMANE/RESCUE ORGANIZATION

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	RITA C FALAGAERRA	6 GLENN AVENUE RIVERSIDE, RI 02915 USA
TREASURER	JEN KUMAR	3 CHASE LANE LINCOLN, RI 02865 USA
VICE PRESIDENT	KIM CASCI	1 CEDARWOOD DR

		RIVERSIDE, RI 02915 USA
DIRECTOR	BRIAN KENT	51 VALLEY STREET SEEKONK, MA 02771 USA
DIRECTOR	BEVERLY DELLA GROTTA	24 PLEASANT ST SEEKONK, MA 02771 USA
DIRECTOR	ALBA CURTI	84 MERRILL STREET EP, RI 02914 USA
DIRECTOR	GINNY PACHECO	212 HOPE STREET SEEKONK, MA 02771 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**

DIANNE GRIFFIN, ESQ. 209 WATERMAN AVENUE EAST PROVIDENCE , RI 02914

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

**Signed this 1 Day of July, 2016 at 12:11:50 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 JENNIFER KUMAR  
Signature of Authorized Person

Form No. 631  
Revised 09/07