



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

Annual Report for the year: 2017  
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

2017 JUN -1 AM 10:59  
 R.I. DEPARTMENT OF STATE  
 BUSINESS SERVICES DIVISION

1. Entity ID Number <b>94607</b>		2. Exact name of the Corporation <b>Windwalker Humane Coalition WHC</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Professional Pet Assisted Therapy</b>	
4. NAICS Code <b>813319</b>			
6. Principal Office Address <b>80 Community Dr.</b>		City <b>Wakefield</b>	State <b>RI</b> Zip <b>02879</b>
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name <b>Robert Snow</b>		Vice-President Name <b>Phyllis Kaczynski</b>	
Street Address <b>8 Andrews Dr</b>		Street Address <b>525 Chestnut St</b>	
City <b>Lincoln</b>	State <b>RI</b>	City <b>Seekonk</b>	State <b>MA</b> Zip <b>02771</b>
Secretary Name <b>Sheila Smith</b>		Treasurer Name <b>Mary Ann Lord</b>	
Street Address <b>26 Club Land</b>		Street Address <b>80 Community Dr.</b>	
City <b>Harrisville</b>	State <b>RI</b>	City <b>Wakefield</b>	State <b>RI</b> Zip <b>02879</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <b>Lia Cooper</b>		Director Name <b>Liz Testa</b>	
Street Address <b>27 Arrowhead Trail</b>		Street Address <b>3 Simon Templar Dr</b>	
City <b>N. Scituate</b>	State <b>RI</b>	City <b>Coventry</b>	State <b>RI</b> Zip <b>02816</b>
Director Name <b>Anna Snow</b>		Director Name <b>Jem Monroe</b>	
Street Address <b>8 Andrews Dr</b>		Street Address <b>458 Phillips Hill Rd</b>	
City <b>Lincoln</b>	State <b>RI</b>	City <b>Coventry</b>	State <b>RI</b> Zip <b>02816</b>
9. 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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <b>Mary Ann Lord</b>			Date <b>5-29-2017</b>
Signature of Officer/Authorized Representative <i>Mary Ann Lord</i>			

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**

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