



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.

1. Entity ID Number <b>745091</b>		2. Exact name of the Corporation <b>MAGGIE'S PET PANTRY</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>PET FOOD ASSISTANCE FOR FAMILIES IN NEED</b>			
4. NAICS Code <b>624190</b>					
6. Principal Office Address <b>51 BETHWOODS ROAD</b>			City <b>RICHMOND</b>	State <b>RI</b>	Zip <b>02898</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>CAROL TERRANOVA</b>			Vice-President Name <b>NONE</b>		
Street Address <b>129 NEW LONDON TURNPIKE</b>			Street Address <b>NONE</b>		
City <b>WYOMING</b>	State <b>RI</b>	Zip <b>02898</b>	City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>
Secretary Name <b>JOANNE PILHASKE</b>			Treasurer Name <b>JUDITH MENDELSON</b>		
Street Address <b>11 RIVER MEADOW DRIVE</b>			Street Address <b>21 SKUNK HILL ROAD</b>		
City <b>HOPE VALLEY</b>	State <b>RI</b>	Zip <b>02832</b>	City <b>HOPE VALLEY</b>	State <b>RI</b>	Zip <b>02832</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>JENNIFER BROWN</b>			Director Name <b>DIANNE DANIELLE</b>		
Street Address <b>20 DRAPER AVE</b>			Street Address <b>136 NEW LONDON TURNPIKE</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>WYOMING</b>	State <b>RI</b>	Zip <b>02898</b>
Director Name <b>EUGENE DANIELLE</b>			Director Name <b>NONE</b>		
Street Address <b>136 NEW LONDON TURNPIKE</b>			Street Address <b>NONE</b>		
City <b>WYOMING</b>	State <b>RI</b>	Zip <b>02898</b>	City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>CAROL TERRANOVA</b>					Date <b>JUNE 5, 2017</b>
Signature of Officer/Authorized Representative <i>Carol Terranova</i>					

**FILED**

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

JUN 07 2017  
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 FORM 631 - Revised: 05/2017