RI SOS Filing Number: 201745929650 Date: 6/21/2017 3:56:00 PM



# State of Rhode Island and Providence Plantations Office of the Secretary of State

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: 2017

- **1. Corporate ID No.** 001661329
- 2. Name of Corporation RI Companion Animal Alliance
- 3. State of Incorporation

State: RI

#### **ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>

NAICS Code

6

Fee: \$20.00

541940

4. Corporate Address in Rhode Island

No. and Street: 40 AMARAL STREET

City or Town: <u>EAST PROVIDENCE</u> State: RI Zip: <u>02905</u> 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

EXCLUSIVELY FOR CHARITABLE PURPOSES WITHIN THE MEANING OF SECTION 501C3 OF THE INTERNAL REVENUE CODE

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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             | Address   |
|-----------|-----------------------------|---|
|           | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country   |
| PRESIDENT | JOHN GILLISPIE              | 15 WHITFIELD PLACE<br>NEWPORT, RI 02840 USA       |
| TREASURER | JULIE NARDO                 | 40 AMARAL STREET<br>EAST PROVIDENCE, RI 02905 USA |
| SECRETARY | JOE WARZYCHA                | 40 AMARAL STREET<br>EAST PROVIDENCE, RI 02905 USA |
| DIRECTOR  | JOE WARZYCHA                | 40 AMARAL STREET<br>EAST PROVIDENCE, RI 02905 USA |
| DIRECTOR  | JULIE NARDO                 | 40 AMARAL STREET<br>EAST PROVIDENCE, RI 02905 USA |
| CHAIR     | HENRY WIETSMA DVM           | 448 WOODVILLE ROAD<br>HOPKINTON, RI 02883 USA     |
| DIRECTOR  | JOHN GILLESPIE              | 15 WHITFIELD PLACE<br>NEWPORT, RI 02840 USA       |
| DIRECTOR  | HENRY WIETSMA               | 448 WOODVILLE ROAD<br>HOPKINTON, RI 02883 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

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

**Signed this 21 Day of June, 2017 at 3:58:33 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 CYNTHIA J. WARREN, ATTORNEY

Signature of Authorized Person

Form No. 631 Revised 09/07

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