



**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:** 2018

**1. Corporate ID No.** 000142335

**2. Name of Corporation** RIVMA Companion Animal Foundation

**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 [click here](#).

NAICS Code   
813312

**4. Corporate Address in Rhode Island**

No. and Street: 11 SOUTH ANGELL STREET, #311

City or Town: PROVIDENCE

State: RI Zip: 02906 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**

TO PROMOTE THE WELFARE OF ANIMALS AND THE HUMAN-COMPANION BOND THROUGH EDUCATION AND OTHER MEANS, TO PROVIDE FINANCIAL AID FOR VETERINARY CARE FOR INDIVIDUALS OF LIMITED MEANS WHO SEEK VETERINARY SERVICES FOR THEIR ANIMALS

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	ONI SLEPKOW	192 CINDYANN DRIVE EAST GREENWICH, RI 02818 USA
TREASURER	ELIZABETH SUEVER	8 COLLEGE LANE BARRINGTON, RI 02806 USA
SECRETARY	CLAIRE MESSINA	48 ALHAMBRA CIRCLE CRANSTON, RI 02905 USA
VICE PRESIDENT	M CHRISTIE SMITH	12 CHAMPLIN PLACE NEWPORT, RI 02840 USA
DIRECTOR	TED MOCARSKI	127 PRATT STREET PROVIDENCE, RI 02906 USA
DIRECTOR	CHARLES SCHOR	965 SANFORD ROAD WESTPORT, MA 02790 USA
DIRECTOR	DAVID SWEET	135 BEAUCHAMP DRIVE SAUNDERSTOWN, RI 02921 USA
DIRECTOR	KAITLIN VALLETTA	34 MARSHHAWK WAY MARSHFIELD, MA 02050 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**

CATHY LUND, DVM 11 SOUTH ANGELL STREET, #311 PROVIDENCE , RI 02906

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

**Signed this 5 Day of June, 2018 at 5:00:58 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 GAZDACKO  
Signature of Authorized Person

Form No. 631  
Revised 09/07