



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

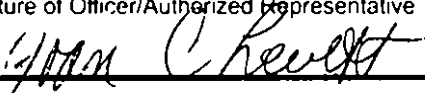
Annual Report for the year: 2018

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 419780		2. Exact name of the Corporation WEST WARWICK ANGELS CARING FOR ANIMALS, INC.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO RAISE MONEY FOR THE MEDICAL CARE AND WELFARE OF ALL ANIMALS RESIDEING IN THE TOWN OF WEST WARWICK RHODE ISLAND AS WELL AS ANIMALS IN THE WEST WARWICK ANIMAL SHELTER. EXCLUSIVELY FOR CHARITABLE PURPOSES INCLUDING THE MAKING AND DISTRIBITON TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS			
4. NAICS Code 813219					
6. Principal Office Address 11 HARVARD CT.		City CRANSTON	State RI	Zip 02920	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name JOAN LEVITT			Vice-President Name		
Street Address 11 HARVARD CT			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Secretary Name KIMBERLY MCDONOUGH			Treasurer Name JENNA LEWIS		
Street Address 96 MAYBURY ST			Street Address 36 PAYSON ST		
City CUMBERLAND	State RI	Zip 02864	City ATTLEBORO	State MA	Zip 02703
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name ROSE PASQUARELLI			Director Name SUE DUCCLAC		
Street Address 131 OAKSIDE ST			Street Address 187 ARNOLD RD		
City WARWICK	State RI	Zip 02889	City COVENTRY	State RI	Zip 02816
Director Name ANTHONY RIVARD			Director Name		
Street Address 23 TAYLOR RD			Street Address		
City JOHNSTON	State RI	Zip 02919	City	State	Zip
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 JOAN C. LEVITT				Date 6/21/18419780	
Signature of Officer/Authorized Representative 					

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 25 2018
BY 1373 DS **FORM 631 - Revised: 11/2017**