RI SOS Filing Number: 201871357060 Date: 6/29/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: **Non-Profit Corporation** 

2018

- → Filing period. June 1 June 30 → Filing Fee: \$20.00

→ Penalty Additional \$25.00 fee if	form is not filed	by July 30.			Y )	
Entity ID Number	2. Exact name of the Corporation					
000121328	Friends of the Warwick Animal Shelter					
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island					
RI	TO INCREASE PUBLIC AWARENESS AND SUPPORT OF THE WARWICK ANIMAL SHELTER.					
4. NAICS Code	1					
812910						
6. Principal Office Address			City	State	Zip	
P.O. Box 9285			Warwick	RI	02889	
7. List ALL officers (names and add	dresses)			Check the box to indic	cate an attachment	
President Name Judy Salvadore			Vice-President Name Ruth Napolitano			
Street Address 345 Gilbert Stuart Road			Street Address 84 Tennessee Avenue			
City Saunderstown	State RI	Zip 02874	City Warwick	State RI	Zip 02888	
Secretary Name Brenda Nordin			Treasurer Name Kathleen Cote			
Street Address 89 Benedict Road			Street Address 63 Nakomis Drive			
City Warwick	State RI	Zip 02888	City Warwick	State RI	<sup>Zip</sup> 02888	
8. List ALL directors (names and a	ddresses). RI C	orporations MUST	list at least THREE directors	Check the box to indic	cate an attachment	
Director Name Deborah Niosi			Director Name NettieRose Cooley			
Street Address 79 Sagamore Road			Street Address 347 Cove Avenue			
City Cranston	State RI	<sup>Zip</sup> 02920	City Warwick	State RI	Zip 02889	
Director Name Judy Salvadore			Director Name			
Street Address 345 Gilbert Stuart Road			Street Address			
City Saunderstown	State RI	<sup>Zip</sup> 02874	City	State	Zıp	
9. Registered Agent in Rhode Islan	nd. This information	on is currently of reco	ird in the Department of State. Cl	hanges require filing Form 6	41.	
Under penalty of perjury, I decla statements, and that all stateme			•	y accompanying sched	ules and	
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				Date		
Kathleen Cote				6/24/18		
Signature of Officer/Authorized Rep	presentative					
Kathleen	Cote	5 5 K DOK	Wilder FERE			

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov