RI SOS Filing Number: 201873736160 Date: 8/2/2018 10:23:00 AM

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. 000960363

2. Name of Corporation THE NORTH KINGSTOWN ANIMAL SHELTER SUPPORT 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 6

813319

4. Corporate Address in Rhode Island

No. and Street: PO BOX 1886
City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 33 HUCKLEBERRY TRAIL

City or Town: SAUNDERSTOWN State: RI Zip: 02874 Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

PROVIDING CARE AND SUPPORT FOR THE HOMELESS ANIMALS DURING THEIR STAY AT THE NORTH KINSTOWN ANIMAL SHELTER. TO AIDE IN FINDING A LOVING, CARING HOME FOR THE SHELTER ANIMALS. TO EDUCATE AND PROVIDE AWARENESS FOR PROPER ANIMAL CARE IN OUR COMMUNITY

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JOSEPH S. DEADY	33 HUCKLEBERRY TRAIL SAUNDERSTOWN, RI 02874 USA
TREASURER	MICHELLE ALTRUI	63 COLVIN ST HOPE, RI 02831 USA
SECRETARY	MEKENNA PETER	2146 TOWERHILL RD SAUNDERSTOWN, RI 02874 USA
VICE PRESIDENT	KATE FANTOLI	65 COLVIN ST HOPE, RI 02831 USA
DIRECTOR	DAVID BERGMANN	WEST MAIN STREET NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	JOSEPH DEADY	33 HUCKLEBERRY TRAIL SAUNDERSTOWN , RI 02852 USA
DIRECTOR	KATE FANTOLI	65 COLVIN ST HOPE, RI 02831 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

SUSAN SIEKIERA 23 IRON HORSE TERRACE NORTH KINGSTOWN , RI 02852

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

Signed this 2 Day of August, 2018 at 10:39:32 AM 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 JOSEPH S. DEADY
Signature of Authorized Person

Form No. 631
Revised 09/07

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