



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

Annual Report for the year: **2019**

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.

STATE
 2019 JUN -5 AM 9:12

1. Entity ID Number 001678638		2. Exact name of the Corporation Rustic Acres Wildcat Rescue (R.A.W.R.)			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Animal sanctuary			
4. NAICS Code 813312 - Environment, Cons					
6. Principal Office Address 87 Rustic Acres Drive		City Chepachet	State RI	Zip 02814	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Karle G. Busse		Vice-President Name			
Street Address 87 Rustic Acres Drive		Street Address			
City Chepachet	State RI	Zip 02814	City	State	Zip
Secretary Name Karle G. Busse		Treasurer Name Karle G. Busse			
Street Address 87 Rustic Acres Drive		Street Address 87 Rustic Acres Drive			
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Karle G. Busse		Director Name Bryn A. Bennett			
Street Address 87 Rustic Acres Drive		Street Address 87 Rustic Acres Drive			
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
Director Name Diane MacCausland		Director Name			
Street Address 15 Wilson Street		Street Address			
City Natick	State MA	Zip 01760	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.					
<small>This report must be signed by either the President, Vice-President, Secretary Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Karle G. Busse, President				Date 5/29/2019	
Signature of Officer/Authorized Representative <i>Karle Busse</i>				SIGN DOCUMENT HERE 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

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