



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.

FILED

JUN 10 2019

BY

1. Entity ID Number 145091		2. Exact name of the Corporation Maggie's PET Pantry			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island PET FOOD ASSISTANCE FOR FAMILIES IN NEED			
4. NAICS Code 62190					
6. Principal Office Address 51 Buttonwoods Rd.		City RICHMOND		State RI	Zip 02898
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CAROL TERRANOVA			Vice-President Name NONE		
Street Address 189 NEW LONDON TURN PIKE			Street Address NONE		
City WYOMING	State RI	Zip 02898	City NONE	State NONE	Zip NONE
Secretary Name JOANNE PICTASKE			Treasurer Name JUDITH MENDELSOHN		
Street Address 11 RIVER MEADOW DRIVE			Street Address 21 SKUNK HILL RD.		
City HOPE VALLEY	State RI	Zip 02832	City HOPE VALLEY	State RI	Zip 02832
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 JENNIFER BROWN			Director Name DIANNE DANIELLE		
Street Address 20 DRAPER AVE			Street Address 136 NEW LONDON TURN PIKE		
City WARWICK	State RI	Zip 02889	City WYOMING	State RI	Zip 02898
Director Name EUGENE DANIELLE			Director Name NONE		
Street Address 136 NEW LONDON TURN PIKE			Street Address NONE		
City WYOMING	State RI	Zip 02898	City NONE	State NONE	Zip NONE
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative CAROL TERRANOVA					Date June 7, 2019
Signature of Officer/Authorized Representative Carol Terranova					

MAIL TO:
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Website: www.sos.ri.gov