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

FILED
JUN 10 2019
BY 17910

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.

1. Entity ID Number	2. Exact name of the Corporation
145091	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: 624190	

6. Principal Office Address	City	State	Zip
51 Buttonwoods Rd.	RICHMOND	RI	02898

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
CAROL TERRANOVA	NONE
Street Address: 789 NEW LONDON TURN PIKE	Street Address: NONE
City: WYOMING State: RI Zip: 02898	City: NONE State: NONE Zip: NONE
Secretary Name: JOANNE PICHASKE	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 ☐

Director Name	Director Name
JENNIFER BROWN	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.

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
CAROL TERRANOVA	June 7, 2019

Signature of Officer/Authorized Representative: Carol Terranova

MAIL TO:
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