



**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:** 2019

**1. Corporate ID No.** 000116492

**2. Name of Corporation** Rhode Island Vegan Awareness

**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:

RIVA

P.O. BOX 6786

City or Town:

WARWICK

State: RI

Zip: 02886

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town:

State:

Zip:

Country:

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

TO PROMOTE THE VALUES OF VEGANISM, INCLUDING BUT NOT LIMITED TO  
COMPASSION FOR OTHER SPECIES, ECOLOGICAL HARMONY, HUMAN HEALTH AND  
SUSTAINABILITY. EXCLUSIVELY FOR THE PURPOSES EDUCATIONAL CHRITABLE  
PREVENTION OF CRUELTY TO ANIMALS SPECIFIED IN SECTION 501C3 OF THE  
INTERNAL REVENUE CODE

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	LAURA A BARLOW	1190 PIPPIN ORCHARD RD CRANSTON, RI 02921 USA
TREASURER	KENNY NARDOZZA	101 MAPLEVILLE RD GREENVILLE, RI 02828 USA
SECRETARY	ZAK THEIS	66 WEST ALLENTON RD NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	LAURA A BARLOW	1190 PIPPIN ORCHARD RD CRANSTON, RI 02921 USA
VICE PRESIDENT	HEDI CARLA	104 GANSETT AVE. CRANSTON, RI 02910 USA
DIRECTOR	HEIDI CARLA	104 GANSETT AVENUE CRANSTON, RI 02910 USA
DIRECTOR	ZAK THEIS	66 WEST ALLENTON RD NORTH KINGSTOWN , RI 02852 USA
DIRECTOR	CINDY LEMOI	9 PARK LANE UNIT 194 COVENTRY, RI 02816 USA
DIRECTOR	MELODI LANDI	PO BOX 1197 COVENTRY , RI 02816 USA
DIRECTOR	KENNY NARDOZZA	101 MAPLEVILLE RD GREENVILLE, RI 02828 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**

LAURA BARLOW 1190 PIPPIN ORCHARD ROAD CRANSTON , RI 02921

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

**Signed this 21 Day of June, 2019 at 4:07:58 PM 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 LAURA BARLOW  
Signature of Authorized Person

