

State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionRECEIVED
R.I. DEPT. OF STATE
BUSINESS DIV

2020 APR 10 P 12:53

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 000152739		2. Exact name of the Corporation Friends of Pawtucket Animal Shelter									
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island TO TAKE SUCH ACTIONS AS MAY BE NECESSARY OR INCIDENTAL TO THE PROTECTION OF ANIMALS									
4. NAICS Code 813312 - Environment, Cons											
6. Principal Office Address 83 Ferris Street				City Pawtucket		State RI		Zip 02861			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Renee Massie					Vice-President Name Michelle Howard						
Street Address 83 Ferris Street					Street Address 176 Cameron Street						
City Pawtucket		State RI		Zip 02861		City Pawtucket		State RI		Zip 02861	
Secretary Name Sandra Nadeau					Treasurer Name						
Street Address 751 Rocky Hill Road					Street Address						
City North Smithfield		State RI		Zip 02896		City		State		Zip	
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 Renee Massie					Director Name Sabrina Grenier						
Street Address 83 Ferris Street					Street Address 83 Ferris Street						
City Pawtucket		State RI		Zip 02861		City Pawtucket		State RI		Zip 02861	
Director Name Sandra Nadeau					Director Name						
Street Address 751 Rocky Hill Road					Street Address						
City North Smithfield		State RI		Zip 02896		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 RENEE MASSIE									Date 3/26/2020		
Signature of Officer/Authorized Representative <i>R. Massie</i>									SIGN DOCUMENT 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

APR 10 2020
 BY *JBKCG*
A.A. 12:54p.m. FORM 631 - Revised: 06/2019