



**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:** 2020

**1. Corporate ID No.** 000419780

**2. Name of Corporation** West Warwick Angels Caring for Animals, Inc.

**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

813219

**4. Corporate Address in Rhode Island**

No. and Street: P.O. BOX 752

City or Town: WEST WARWICK

State: RI

Zip: 02893

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 RAISE MONEY FOR THE MEDICAL CARE AND WELFARE OF ANIMALS RESIDING AT THE ANIMAL SHELTER LOCATED IN WEST WARWICK RHODE ISLAND EXCLUSIVELY FOR CHARITABLE PURPOSES INCLUDING THE MAKING AND DISTRIBUTION TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGAINZATIONS

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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
TREASURER	JOAN C LEVITT	11 HARVARD CT CRANSTON, RI 02920 USA
SECRETARY	WENDY ABLE	79 CURSON ST WEST WARWICK, RI 02893 USA
VICE PRESIDENT	SUSAN DULAC	187 ARNOLD RD COVENTRY, RI 02816 USA
PRESIDENT	KIMBERLY MCDONOUGH	98 MAYBURY STREET CUMBERLAND, RI 02864 USA
DIRECTOR	PHYLLIS GUSTAFSON	183 LOCKWOOD ST WEST WARWICK, RI 02893 USA
DIRECTOR	ANTHONY RIVARD	23 TAYLOR AVE JOHNSTON, RI 02919 USA
DIRECTOR	KAREN PEARSON	2453 PLAINFIELD PIKE JOHNSTON, RI 02919 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**

LORI RIVARD 23 TAYLOR ROAD JOHNSTON , RI 02919

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

**Signed this 12 Day of May, 2020 at 1:42:04 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 JOAN LEVITT  
Signature of Authorized Person

Form No. 631  
Revised 09/07