RI SOS Filing Number: 202040934860 Date: 5/26/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: Non-Profit Corporation

0506 ....

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MAY 26 2020

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-> 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 001693025	2. Exact name of the Corporation  Family Pet Advocates				
State of Incorporation	5 Brief description of the character of business conducted in Rhode Island				
Rhode Island	To provide resources and services for low income elderly and disabled individuals that				
4. NAICS Code	will allow them to keep their pets safe at home.				
812910					
6. Principal Office Address			City	State	Zip
354 Lake Road			Tiverton	RI	02878
7. List ALL officers (names and addresses)  Check the box to indicate an attachment					
President Name Betsey Williamson			Vice-President Name N/A		
Street Address 45 Puchet Brook Road			Street Address		
City Little Coinpton	State KI	zip 02837	City	State	Zip
Secretary Name Barhara Lewis			Treasurer Name Martha Delpape		
Street Address 354 Lake Rd.			Street Address 80 Captains Circle		
cny Tiverton	State RI	Zip 0 2878	cm Tiverton	State RI	Zip 02878
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment					
Director Name Barbara Lewis			Director Name Betsey Williamson		
Street Address 354 Lake Road			Street Address 45 Pache+ Brook Road		
<sup>City</sup> Tiverton	State RI	<sup>Zip</sup> 02878	City Little Compton	State RI	Zip 02837
Director Name Martha Delpape			Director Name Sharon Prazak		
Street Address 80 Captains Circle			Street Address 677 Neck Road		
City Tiverton	State RI	<sup>Zip</sup> 02878	<sup>City</sup> Tiverton	State RI	<sup>Zip</sup> 02878
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  Barbara Lewis				Date 05/19/2020	
Signature of Officer/Authorized Representative  SIGN DOCUMENT HE RE					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 8. Director Name:

Cathy Calabrese

14 Ocean View Avenue

Tiverton, RI 02878

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BY\_\_\_\_\_

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