



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

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Annual Report for the year: 2020
 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 506954		2. Exact name of the Corporation PAWKEDAKE FARM, INC.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island FOR ABANDONED, ABUSED, FORSAKEN FARM AND DOMESTIC ANIMALS, RESCUE PROVIDES HEALTH CARE AND MAINTENANCE.	
4. NAICS Code 813312			
6. Principal Office Address			
948 PUTNAM PIKE		City GLOUCESTER	State RI
		Zip 02814	
7. List ALL officers (names and addresses)			
President Name DANIEL J. MACKENZIE		Vice-President Name LYNN MORRIANT	
Street Address 948 PUTNAM PIKE		Street Address 214 B. CAROUSEL DRIVE W.	
City GLOUCESTER	State RI	City RIVERSIDE	State RI
Zip 02814		Zip 02915	
Secretary Name BARBARA RADBACH		Treasurer Name ROSEMARY SWEENEY	
Street Address 2077 EAST MAIN ST.		Street Address 2 SAILORS LANE	
City PORTSMOUTH	State RI	City NORTON	State MASS.
Zip 02871		Zip 02766	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.			
Director Name DANIEL J. MACKENZIE		Director Name LYNN MORRIANT	
Street Address 948 PUTNAM PIKE		Street Address 214 B. CAROUSEL DRIVE W.	
City GLOUCESTER	State RI	City RIVERSIDE	State RI
Zip 02814		Zip 02915	
Director Name BARBARA RADBACH		Director Name ROSEMARY SWEENEY	
Street Address 2077 EAST MAIN ST.		Street Address 2 SAILORS LANE	
City PORTSMOUTH	State RI	City NORTON	State MASS.
Zip 02871		Zip 02766	
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 DANIEL J. MACKENZIE			Date 7/17/20
Signature of Officer/Authorized Representative <i>Daniel J. MacKenzie</i>			

FILED ✓

JUL 17 2020

BY CKJS PX
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MAIL TO:
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