State of Rhode Island
Department of State - Business Services Division

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2021 MAY 20 AM 9:03

Annual Report for the year: 2021
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	2. Exact name of the Corporation
001679606	**The Nicolosi Foundation for Animal Welfare**
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To promote animal welfare through varied programs pertaining to animal rescue and other lawful activity to support the foregoing as may be carried on by a 501(C)(3) organization and by a Rhode Island Non-Profit corporation.
4. NAICS Code: 813319 - Other Social Advoca	

6. Principal Office Address	City	State	Zip
160 Clearview Road	Charlestown	RI	02813

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: John Nicolosi			Vice-President Name:		
Street Address: 160 Clearview Road			Street Address:		
City: Charlestown	State: RI	Zip: 02813	City:	State:	Zip:
Secretary Name: Louise Anderson Nicolosi			Treasurer Name: Paul R. Filippetti, CPA		
Street Address: 160 Clearview Road			Street Address: 1041 Poquonnock Road		
City: Charlestown	State: RI	Zip: 02813	City: Groton	State: CT	Zip: 06340

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: John Nicolosi			Director Name: Louise Anderson Nicolosi		
Street Address: 160 Clearview Road			Street Address: 160 Clearview Road		
City: Charlestown	State: RI	Zip: 02813	City: Charlestown	State: RI	Zip: 02813
Director Name: Paul R. Filippetti, CPA			Director Name:		
Street Address: 1041 Poquonnock Road			Street Address:		
City: Groton	State: CT	Zip: 06340	City:	State:	Zip:

9. The Registered Agent information of record with the RI Department of State is accurate. 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	Date
Louise Anderson Nicolosi, Director and Secretary	May 16, 2021

Signature of Officer/Authorized Representative: Louise Anderson Nicolosi

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BY GZ 8RA

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