



State of Rhode Island

Department of State - Business Services Division

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2021 MAY 20 AM 9:03

1. Entity ID Number 001679606		2. Exact name of the Corporation 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 Advoc			
6. Principal Office Address 160 Clearview Road		City Charlestown	State RI
		Zip 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	
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	
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Louise Anderson Nicolosi, Director and Secretary		Date May 16, 2021	
Signature of Officer/Authorized Representative <i>Louise Anderson Nicolosi</i>			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

MAY 20 2021

BY *JP GZSRA*

R.I. DEPT. OF STATE - PROVIDENCE, RI 02904