



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.

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1. Entity ID Number 745091		2. Exact name of the Corporation MAGGIE'S PET PANTRY			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island PET FOOD ASSISTANCE FOR FAMILIES IN NEED			
4. NAICS Code 624190					
6. Principal Office Address 51 BLETTONWOODS Rd.		City RICHMOND	State RI	Zip 02898	
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name CAROL TERRANOVA			Vice-President Name NONE		
Street Address 129 NEW LONDON TURNPIKE			Street Address NONE		
City WYOMING	State RI	Zip 02898	City NONE	State NONE	Zip NONE
Secretary Name JOANNE PICTUSKE			Treasurer Name ZEDITH MENDELSON		
Street Address 11 RIVER MEADOW DR.			Street Address 21 SKUNK HILL Rd.		
City HOPE VALLEY	State RI	Zip 02832	City HOPE VALLEY	State RI	Zip 02832
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name JENNIFER BROWN			Director Name PIANNE DANIELLE		
Street Address 20 DRAPER AVE			Street Address 136 NEW LONDON TURNPIKE		
City WARWICK	State RI	Zip 02897	City WYOMING	State RI	Zip 02898
Director Name ERGENE DANIELLE			Director Name NONE		
Street Address 132 NEW LONDON TURNPIKE			Street Address NONE		
City WYOMING	State RI	Zip 02898	City NONE	State NONE	Zip NONE
9. The Registered Agent Information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 CAROL TERRANOVA					Date 6/29/2021
Signature of Officer/Authorized Representative Carol Terranova					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov