



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2012
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 148791		2. Exact name of the Corporation Woonsocket Cat Sanctuary Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Non-kill cat shelter			
4. NAICS Code 812910					
6. Principal Office Address 266 Mendon Road		City Woonsocket	State RI	Zip 02895	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paulette Tessier		Vice-President Name Deborah Adam			
Street Address 1260 38th Avenue		Street Address 80 Blackstone Street			
City St. Petersburg	State FL	Zip 33704	City Blackstone	State MA	Zip 01504
Secretary Name Gail Demarais		Treasurer Name			
Street Address 140 Linden Avenue		Street Address			
City Woonsocket	State RI	Zip 02895	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Paulette Tessier		Director Name Deborah Adam			
Street Address 1260 38th Avenue		Street Address 80 Blackstone Street			
City St. Petersburg	State FL	Zip 33704	City Blackstone	State MA	Zip 01504
Director Name Gail Demarais		Director Name			
Street Address 140 Linden Avenue		Street Address			
City Woonsocket	State RI	Zip 02895	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 Deborah Adam				Date 1/25/21	
Signature of Officer/Authorized Representative <i>Deborah Adam</i>				FILED	

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

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