



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. Corporate ID No.** 000486674

**2. Name of Corporation** Rhode Island Parrot Rescue

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Principal Office Address**

No. and Street: 2141 WEST SHORE ROAD, #1

City or Town: WARWICK

State: RI Zip: 02889 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

THE RESCUE AND REHABILITATION OF INJURED AND OR ABANDONED BIRDS

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	CORRIE BUTLER	10 GRAND VIEW DR WARWICK , RI 02886 USA
TREASURER	MICHELLE LAVOIE	208 WOOD AVE #3 WOONSOCKET, RI 02895 USA
SECRETARY	DIANE CONYER	267 WIDOW SWEETS RD EXETER, RI 02822 USA
VICE PRESIDENT	CHRISTINE SPANNEDA	2141 WEST SHORE RD #2 WARWICK, RI 02889 USA
DIRECTOR	DR ANNE BOURKE	NORTHEAST BIRD CLINIC , PO BOX 301 ASHFORD, CT 06278 USA
DIRECTOR	SHANNON SOMYK	401 SEASIDE DR JAMESTOWN, RI 02835 USA
DIRECTOR	NICOLE WEBSTER	22 SPENCER AVE EAST GREENWICH, RI 02818 USA
DIRECTOR	JOHN ROBINSON	76 VERONA ST LYNN, MA 01904 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MARK B. MORSE 420 ANGELL STREET, UNIT 2 PROVIDENCE , RI 02906

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 14 Day of July, 2021 at 9:40:06 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By CORRIE BUTLER  
Signature of Authorized Person

Form No. 631  
Revised 09/07