



State of Rhode Island  
**Department of State - Business Services Division**

**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.

**FILED**

JUL 21 2021

BY *[Signature]*

<b>1. Entity ID Number</b> 725041		<b>2. Exact name of the Corporation</b> Friends of Westerly Animal Shelter, inc					
<b>3. State of Incorporation</b> RI		<b>5. Brief description of the character of business conducted in Rhode Island</b> We are a 501 c 3 non profit that benefits the Westerly Animal Shelter in its need for animal care, surgeries, vet care and more					
<b>4. NAICS Code</b> 813990 - Other Similar Organ <input type="checkbox"/>							
<b>6. Principal Office Address</b> 33 Larry Hirsch Lane				<b>City</b> Westerly	<b>State</b> ri	<b>Zip</b> 02891	
<b>7. List ALL officers (names and addresses)</b>							Check the box to indicate an attachment <input type="checkbox"/>
<b>President Name</b> sandra Grinnell				<b>Vice-President Name</b> Virginia Ursin			
<b>Street Address</b> 15 b Pond Street				<b>Street Address</b> 10 high ridge court			
<b>City</b> westerly	<b>State</b> ri	<b>Zip</b> 02891	<b>City</b> pawcatuck	<b>State</b> ct	<b>Zip</b> 06379		
<b>Secretary Name</b> mary Elmore				<b>Treasurer Name</b> sandra Grinnell			
<b>Street Address</b> 381 wodland st				<b>Street Address</b> 15b pond street			
<b>City</b> manchester	<b>State</b> ct	<b>Zip</b> 06042	<b>City</b> westerly	<b>State</b> ri	<b>Zip</b> 02891		
<b>8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.</b>							Check the box to indicate an attachment <input type="checkbox"/>
<b>Director Name</b> shirly Schwabb				<b>Director Name</b> sally Sorensen			
<b>Street Address</b> 10 crowthers place				<b>Street Address</b> 161 shore road			
<b>City</b> hope valley	<b>State</b> ri	<b>Zip</b> 02832	<b>City</b> westerly	<b>State</b> ri	<b>Zip</b> 02891		
<b>Director Name</b> sandra grinnell				<b>Director Name</b>			
<b>Street Address</b> 15 b pond st				<b>Street Address</b>			
<b>City</b> westerly	<b>State</b> ri	<b>Zip</b> 02891	<b>City</b>	<b>State</b>	<b>Zip</b>		
<b>9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.</b>							
<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>							
<b>Name of Officer/Authorized Representative</b> SANDRA GRINNELL						<b>Date</b> 7/16/21	
<b>Signature of Officer/Authorized Representative</b> <i>Sandra Grinnell</i>							

**MAIL TO:**  
 Division of Business Services  
 148 W River Street, Providence, Rhode Island 02904-2615