



**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: February 1 - May 1*

*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:** 2022

**1. Corporate ID No.** 000203968

**2. Name of Corporation** Barrington Partnership for Animal Welfare

**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  
813312

**4. Principal Office Address**

No. and Street: 6 BARNEYVILLE ROAD

City or Town: BARRINGTON State: RI Zip: 02806 Country: USA

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

CHARITABLE AND EDUCATIONAL PURPOSE FOR THE WELFARE OF THE ANIMALS  
IN BARRINGTON RHODE ISLAND

**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.**

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	CINDY LARSON	6 BARNEYVILLE ROAD BARRINGTON, RI 02806 USA
SECRETARY	ED MOURA	6 BARNEYVILLE ROAD BARRINGTON, RI 02806 USA
DIRECTOR	CINDY LARSON	6 BARNEYVILLE ROAD BARRINGTON, RI 02806 USA
DIRECTOR	JAN W BOWDEN	170 WALKER ST. SEEKONK, MA 02771 USA
DIRECTOR	ED MOURA	6 BARNEYVILLE RD BARRINGTON, RI 02806 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**

CINDY LARSON 6 BARNEYVILLE ROAD BARRINGTON , RI 02806

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

**Signed this 9 Day of August, 2022 at 11:53:33 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 CINDY LARSON  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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