



Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2023

FILED

JAN 23 2023

BY: 2058
[Signature]

- Filing period: June 1 - June 30
- Filing Fee \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 001099748		2. Exact name of the Corporation Warren Animal Hospital Shelter and Stray Animal Program			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To test, treat, shelter and adopt to new homes animals which have been brought tous by owners no longer wanting or able to care for their pets or to do the same for stray owner-unknown animals and related activities.			
4. NAICS Code 541940					
6. Principal Office Address 581 Metacom Aveue			City Warren	State RI	Zip 02885
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Richard M Mello, DVM			Vice-President Name		
Street Address 581 Metacom Avenue			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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 Jody M Mello-Brooks, DVM			Director Name Ilse G Bickford, DVM		
Street Address 14 Katie Drive			Street Address 14 Virginia Avenue		
City Warren	State RI	Zip 02885	City Barrington	State RI	Zip 02806
Director Name Janet W Bowden			Director Name		
Street Address 170 Walker Street			Street Address		
City Seekonk	State MA	Zip 02771	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Richard M Mello, DVM				Date <u>1/22/23</u>	
Signature of Officer/Authorized Representative <u>[Signature]</u>					