



Annual Report for the year:

Non-Profit Corporation

2023

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

JAN 23 2023

BY

1. Entity ID Number 0000 94607		2. Exact name of the Corporation Windwalker Humane Coalition WHC	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To educate people about the connection between humans & animals.	
4. NAICS Code 813319			
6. Principal Office Address 223 Mattity Rd		City N. Smithfield	State RI
		Zip 02896	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Cheryl Ficarra		Vice-President Name Leslie Sittlow	
Street Address 223 Mattity Rd		Street Address 48 Watch Hill Rd	
City N. Smithfield	State RI	City Westerly	State RI
Zip 02876		Zip 02891	
Secretary Name Amy Ratack		Treasurer Name	
Street Address 33 Phillips St		Street Address	
City Cranston	State RI	City	State
Zip 02921		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 Phyllis Kaczynski		Director Name Sheila Smith	
Street Address 523 Chestnut St		Street Address 26 Club Lane	
City Seekonk	State MA	City Hartsville	State RI
Zip 02771		Zip 02830	
Director Name Ann Olean		Director Name Katherine Hibbard	
Street Address 263 Harriet Lane		Street Address PO Box 303 Providence Island	
City Cumberland	State RI	City Providence Island	State RI
Zip 02864		Zip 02872	
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative Karen Lewis 190 Mill Cove Rd, WAWWICK 02885 Treasurer			Date Jan 19 2023
Signature of Officer/Authorized Representative Karen Lewis, Treasurer			

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

FORM 631 - Revised: 11/2021