



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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

FEB 03 2023

1600B R

1. Entity ID Number 000419780		2. Exact name of the Corporation West Warwick Angels Caring for Animals, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO RAISE MONEY FOR THE MEDICAL CARE AND WELFARE OF ANIMALS RESIDING AT THE ANIMAL SHELTER LOCATED IN WEST WARWICK EXCLUSIVELY FOR CHARITABLE PURPOSES INCLUDING THE MAKING			
4. NAICS Code 813219 - Other Grantmaking <input type="checkbox"/>					
6. Principal Office Address 112 HARDING ST		City WEST WARWICK		State RI	Zip 02893
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KIMBERLYMCDONOUGH			Vice-President Name SUSAN DULAC		
Street Address 98 MAYBURY ST			Street Address 187 ARNOLD RD		
City CUMBERLAND	State RI	Zip 02864	City COVENTRY	State RI	Zip 02816
Secretary Name DAWN DUMMOND			Treasurer Name JOAN LEVITT		
Street Address 8 JULIE ST			Street Address 11 HARVARD CT		
City CUMBERLAND	State RI	Zip 02865	City CRANSTON	State RI	Zip 02920
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 LINDA ROBBINS			Director Name PHYLLIS GUSTAFSON		
Street Address 565 S. FRONTAGE RD			Street Address 183 LOCKWOOD ST		
City DANIELSON	State CT	Zip 06239	City WEST WARWICK	State RI	Zip 02893
Director Name ANTHONY RIVARD			Director Name		
Street Address 23 TAYLOR RD			Street Address		
City JOHNSTON	State RI	Zip 02919	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.					
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 JOAN C. LEVITT				Date 2/1/2023	
Signature of Officer/Authorized Representative <i>Joan C Levitt</i>					

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