



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2023

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

FEB 10 2023

BY

1. Entity ID Number 000037979		2. Exact name of the Corporation PAWS	
3. State of Incorporation R.I		5. Brief description of the character of business conducted in Rhode Island Caring for Homeless ANIMALS, ASSISTING with Pet Needs, Recycling title: 7-6	
4. NAICS Code 813312			
6. Principal Office Address 66 WINSOR AVE		City JOHNSTON	State RI Zip 02919
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DIANE SCOPELLITI		Vice-President Name JOYCE SCOPELLITI	
Street Address 66 WINSOR AVE		Street Address 66 WINSOR AVE	
City JOHNSTON	State RI	City JOHNSTON	State RI Zip 02919
Secretary Name JOYCE SCOPELLITI		Treasurer Name DIANE SCOPELLITI	
Street Address 66 WINSOR AVE		Street Address 66 WINSOR AVE	
City JOHNSTON	State RI	City JOHNSTON	State RI Zip 02919
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 DIANE SCOPELLITI		Director Name VINCENT SCOPELLITI	
Street Address 66 WINSOR AVE		Street Address 377 CLOVERMIST HILL ROAD	
City JOHNSTON	State RI	City CLOVERMIST	State RI Zip 02814
Director Name JOYCE SCOPELLITI		Director Name	
Street Address 66 WINSOR AVE		Street Address	
City JOHNSTON	State RI	City	State Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 DIANE SCOPELLITI		Date FEBRUARY 2-6-2023	
Signature of Officer/Authorized Representative 			