



**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:** 2023

**1. Corporate ID No.** 001679606

**2. Name of Corporation** THE NICOLosi FOUNDATION 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

813319

**4. Principal Office Address**

No. and Street: 160 CLEARVIEW ROAD

City or Town: CHARLESTOWN

State: RI

Zip: 02813

Country: USA

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

THE PURPOSE OF THE CORPORATION IS TO PROMOTE ANIMAL WELFARE THROUGH VARIED PROGRAMS PERTAINING TO ANIMAL RESCUE, RESPONSIBLE ANIMAL PLACEMENT, HUMANE POPULATION CONTROL TECHNIQUES, PROMOTION OF HUMANELY RAISED ANIMALS, AND TO CARRY ON ANY OTHER LAWFUL ACTIVITY IN SUPPORT AND TO THE BENEFIT OF THE FOREGOING STATED PURPOSES AS MAY BE CARRIED ON BY AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, AND BY A CORPORATION FORMED UNDER THE RHODE ISLAND NONPROFIT

CORPORATION ACT, R.I. GEN. LAWS 7-6 ET SEQ.

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	JOHN NICOLOSI	160 CLEARVIEW ROAD CHARLESTOWN, RI 02813 USA
TREASURER	PAUL R. FILIPPETTI CPA	1041 POQUONNOCK ROAD GROTON, CT 06340 USA
SECRETARY	LOUISE ANDERSON NICOLOSI	160 CLEARVIEW ROAD CHARLESTOWN, RI 02813 USA
DIRECTOR	JOHN NICOLOSI	160 CLEARVIEW ROAD CHARLESTOWN, RI 02813 USA
DIRECTOR	LOUISE ANDERSON NICOLOSI	160 CLEARVIEW ROAD CHARLESTOWN, RI 02813 USA
DIRECTOR	PAUL R. FILIPPETTI CPA	1041 POQUONNOCK ROAD GROTON, CT 06340 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**

REBECCA M. MURPHY, ESQ. NORTHWOODS OFFICE PARK 1301 ATWOOD AVENUE, SUITE  
215 N JOHNSTON , RI 02919

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

**Signed this 27 Day of March, 2023 at 4:18:18 PM 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 LOUISE ANDERSON NICOLOSI  
Signature of Authorized Person

Form No. 631  
Revised 09/07