



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
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.

FILED
APR 19 2023
BY 1220

1. Entity ID Number <input type="text" value="000121328"/>	2. Exact name of the Corporation <input type="text" value="FRIENDS OF THE WARWICK ANIMAL SHELTER"/>
3. State of Incorporation <input type="text" value="RHODE ISLAND"/>	5. Brief description of the character of business conducted in Rhode Island <input type="text" value="TO INCREASE PUBLIC AWARENESS AND SUPPORT OF THE WARWICK ANIMAL SHELTER"/>
4. NAICS Code <input type="text" value="812910"/>	

6. Principal Office Address <input type="text" value="PO BOX 9285"/>	City <input type="text" value="WARWICK"/>	State <input type="text" value="RI"/>	Zip <input type="text" value="02889"/>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <input type="text" value="Judy Salvadore"/>	Vice-President Name <input type="text" value="Ruth Napolitano"/>		
Street Address <input type="text" value="345 Gilbert Stuart Road"/>	Street Address <input type="text" value="84 Tennessee Avenue"/>		
City <input type="text" value="Saunderstown"/> State <input type="text" value="RI"/> Zip <input type="text" value="02874"/>	City <input type="text" value="Warwick"/> State <input type="text" value="RI"/> Zip <input type="text" value="02888"/>		
Secretary Name <input type="text" value="Brenda Nordin"/>	Treasurer Name <input type="text" value="Kathleen Cote"/>		
Street Address <input type="text" value="80 Benedict Road"/>	Street Address <input type="text" value="63 Nakomis Drive"/>		
City <input type="text" value="Warwick"/> State <input type="text" value="RI"/> Zip <input type="text" value="02888"/>	City <input type="text" value="Warwick"/> State <input type="text" value="RI"/> Zip <input type="text" value="02888"/>		

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 <input type="text" value="Dawn Burnham"/>	Director Name <input type="text" value="Deborah Niosi"/>		
Street Address <input type="text" value="106 Eton Avenue"/>	Street Address <input type="text" value="79 Sagamore Road (79)"/>		
City <input type="text" value="Warwick"/> State <input type="text" value="RI"/> Zip <input type="text" value="02889"/>	City <input type="text" value="Cranston"/> State <input type="text" value="RI"/> Zip <input type="text" value="02920"/>		
Director Name <input type="text" value="Audrey Snow"/>	Director Name <input type="text"/>		
Street Address <input type="text" value="47 Cole Avenue"/>	Street Address <input type="text"/>		
City <input type="text" value="Warwick"/> State <input type="text" value="RI"/> Zip <input type="text" value="02886"/>	City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>

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 <input type="text" value="KATHLEEN COTE, Treasurer"/>	Date <input type="text" value="4/7/23"/>
Signature of Officer/Authorized Representative <i>Kathleen A Cote</i>	