



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.

FILED
APR 18 2023
BY 1220

1. Entity ID Number 000121328		2. Exact name of the Corporation FRIENDS OF THE WARWICK ANIMAL SHELTER	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO INCREASE PUBLIC AWARENESS AND SUPPORT OF THE WARWICK ANIMAL SHELTER	
4. NAICS Code 812910			
6. Principal Office Address PO BOX 9285		City WARWICK	State RI
		Zip 02889	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Judy Salvadore		Vice-President Name Ruth Napolitano	
Street Address 345 Gilbert Stuart Road		Street Address 84 Tennessee Avenue	
City Saunderstown	State RI	City Warwick	State RI
Zip 02874		Zip 02888	
Secretary Name Brenda Nordin		Treasurer Name Kathleen Cote	
Street Address 80 Benedict Road		Street Address 63 Nakomis Drive	
City Warwick	State RI	City Warwick	State RI
Zip 02888		Zip 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 Dawn Burnham		Director Name Deborah Niosi	
Street Address 106 Eton Avenue		Street Address 79 Sagamore Road (79)	
City Warwick	State RI	City Cranston	State RI
Zip 02889		Zip 02920	
Director Name Audrey Snow		Director Name	
Street Address 47 Cole Avenue		Street Address	
City Warwick	State RI	City	State
Zip 02886		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<i>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.</i>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative KATHLEEN COTE, Treasurer			Date 4/7/23
Signature of Officer/Authorized Representative <i>Kathleen A Cote</i>			

MAIL TO:
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Website: www.sos.ri.gov