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 - ENTER THE CURRENT FILING YEAR 2023: 2023

1. Corporate ID No.   001711150

2. Name of Corporation North Providence Animal Welfare Society, Inc.

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
813990

4. Principal Office Address

No. and Street: 15 LOCUST AVE

City or Town: NORTH PROVIDENCE   State: RI   Zip: 02911   Country: USA

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

THE PURPOSE OF THIS CORPORATION SHALL INCLUDE ANY OR ALL OF THE FOLLOWING: TO FOCUS ATTENTION ON THE NORTH PROVIDENCE ANIMAL SHELTER BY RAISING MONEY TO CONSTRUCT AND/OR MAKE NECESSARY FUTURE REPAIRS, MAINTENANCE OR IMPROVEMENTS TO THE TO-BE CONSTRUCTED SHELTER; TO PROVIDE FREE OR REDUCED-COST VETERINARY SERVICES TO ANIMALS BELONGING TO NORTH PROVIDENCE RESIDENTS IN NEED; TO PROVIDE FREE OR REDUCED-COST FOOD/NUTRITION TO ANIMALS BELONG TO NORTH PROVIDENCE RESIDENTS IN NEED; TO PROVIDE EDUCATIONAL

PROGRAMS THAT PROMOTE THE PREVENTION OF CRUELTY TO ANIMALS, PROMOTE RESPONSIBLE PET OWNERSHIP, AND/OR FOSTER COMPASSION THAT RESULTS FROM RELATIONSHIPS BETWEEN HUMANS AND ANIMALS; AND TO ASSIST THE NORTH PROVIDENCE ANIMAL CONTROL OFFICER/S IN THE FOLLOWING: PURCHASE OF SUPPLIES SUCH AS FOOD/NUTRITION, BEDS/BLANKETS, FEEDING ACCESSORIES, ETC. FOR ANIMALS WITHIN THE CARE OF THE SHELTER; PROVISION OF PROFESSIONAL VETERINARY SERVICES FOR ANIMALS WITHIN THE CARE OF THE SHELTER; PLACEMENT OF ANIMALS IN SUITABLE HOMES THROUGH APPROPRIATE SCREENING OF APPLICATIONS, ADVERTISING, EXPANDED HOURS, AND/OR THROUGH COORDINATING APPROPRIATE FOSTER HOMES FOR THE ANIMALS.

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.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CATHERINE LANNI	23 CRAIGE ST NORTH PROVIDENCE, RI 02911 USA
TREASURER	JO-ANN DALESSANDRO	15 LOCUST AVE NORTH PROVIDENCE, RI 02911 USA
SECRETARY	ALICIA SANSONE	15 LOCUST AVE NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	CATHERINE LANNI	23 CRAIGE ST NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	JO-ANN DALESSANDRO	15 LOCUST AVE NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	ALICIA SANSONE	15 LOCUST AVE NORTH PROVIDENCE, RI 02911 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

 ALICIA SANSONE 15 LOCUST AVE NORTH PROVIDENCE , RI 02911

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

Signed this 30 Day of April, 2023 at 8:51:26 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 ALICIA SANSONE
    Signature of Authorized Person

Form No. 631
Revised 09/07