



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2023

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAY 09 2023

BY

2542 OS

1. Entity ID Number 745091		2. Exact name of the Corporation MAGGIE'S PET Pantry			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island PET FOOD ASSISTANCE FOR FAMILIES in need			
4. NAICS Code 624190					
6. Principal Office Address 51 Buttricks Rd.			City Richmond	State RI	Zip 02898
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CAROL TERRANOVA			Vice-President Name None		
Street Address 179 NEW LONDON TURNPIKE			Street Address None		
City Weymouth	State RI	Zip 02898	City None	State None	Zip None
Secretary Name JOANNE PICHASKE			Treasurer Name JUDITH MENDLSON		
Street Address 1 River Meadow Dr.			Street Address 29 Stark Hill Rd.		
City Hole Valley	State RI	Zip 02832	City Hole Valley	State RI	Zip 02832
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 Jennifer Brown			Director Name Diane Danielle		
Street Address 20 Dreger Ave			Street Address 136 New London Turnpike		
City Wickford	State RI	Zip 02869	City Weymouth	State RI	Zip 02898
Director Name Gene Danielle			Director Name None		
Street Address 136 New London Turnpike			Street Address None		
City Weymouth	State RI	Zip 02898	City None	State None	Zip None
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 CAROL TERRANOVA				Date 5/4/2023	
Signature of Officer/Authorized Representative Carol Terranova					