



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
 MAY 09 2023
 BY 2542 OS

1. Entity ID Number <u>745091</u>		2. Exact name of the Corporation <u>MAGGIE'S PET Pantry</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>PET FOOD ASSISTANCE FOR Families in need</u>			
4. NAICS Code <u>624190</u>					
6. Principal Office Address <u>51 Buttricks Rd.</u>			City <u>Rickwood</u>	State <u>RI</u>	Zip <u>02898</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>CAROL TERRANOVA</u>			Vice-President Name <u>None</u>		
Street Address <u>179 NEW LONDON TURNPIKE</u>			Street Address <u>None</u>		
City <u>Wynona</u>	State <u>RI</u>	Zip <u>02898</u>	City <u>None</u>	State <u>None</u>	Zip <u>None</u>
Secretary Name <u>JOANNE PICHASKE</u>			Treasurer Name <u>Judith Mendelsohn</u>		
Street Address <u>1 River Meadow Dr.</u>			Street Address <u>79 Stark Hill Rd.</u>		
City <u>Hole Valley</u>	State <u>RI</u>	Zip <u>02832</u>	City <u>Hole Valley</u>	State <u>RI</u>	Zip <u>02832</u>
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 <u>Jennifer Brown</u>			Director Name <u>Dienne Danielle</u>		
Street Address <u>20 Dreyer Ave</u>			Street Address <u>136 New London Turnpike</u>		
City <u>Wickwilt</u>	State <u>RI</u>	Zip <u>02869</u>	City <u>Wynona</u>	State <u>RI</u>	Zip <u>02898</u>
Director Name <u>Dienne Danielle</u>			Director Name <u>None</u>		
Street Address <u>136 New London Turnpike</u>			Street Address <u>None</u>		
City <u>Wynona</u>	State <u>RI</u>	Zip <u>02898</u>	City <u>None</u>	State <u>None</u>	Zip <u>None</u>
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <u>CAROL TERRANOVA</u>				Date <u>5/4/2023</u>	
Signature of Officer/Authorized Representative <u>Carol Terranova</u>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov