



**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.** 000505401

**2. Name of Corporation** The Friends of the Charlestown Animal Shelter Inc.

**3. State of Incorporation**

State: RI

**NAICS CODE**

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

813312

**4. Principal Office Address**

No. and Street: 50 SAND HILL ROAD

City or Town: CHARLESTOWN

State: RI

Zip: 02813

Country: USA

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

THE PURPOSE OF THE FRIENDS OF THE CHARLESTOWN ANIMAL SHELTER, INC., IS TO HELP STRAY, ABANDONED, HOMELESS AND INJURED ANIMALS AT THE CHARLESTOWN ANIMAL SHELTER. THE ORGANIZATION IS COMMITTED TO HELPING THESE ANIMALS BY PROVIDING: SPAYING AND NEUTERING VACCINATIONS, VETERINARY CARE AND MEDICAL TREATMENT SPECIALIZED FOOD, SUPPLIES AND BEHAVIORAL TRAINING ENHANCEMENTS TO THE ANIMAL'S QUALITY OF LIFE WHILE AT THE SHELTER EDUCATION OF THE PUBLIC REGARDING THE HUMANE TREATMENT AND CARE OF ANIMALS AND THE

**IMPORTANCE OF SPAYING AND NEUTERING.**

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	NANCY KOHLER	4299 SOUTH COUNTY TRAIL CHARLESTOWN, RI 02813 USA
TREASURER	SUSAN SEWALL	119 PECKHAM HOLLOW RD CHARLESTOWN, RI 02813 USA
SECRETARY	JODY WARD	136 LIBERTY ST. PAWCATUCK, CT 06379 USA
DIRECTOR	SUSAN SEWALL	119 PECKHAM HOLLOW ROAD CHARLESTOWN, RI 02813 USA
DIRECTOR	NANCY KOHLER	4299 SOUTH COUNTY TRAIL CHARLESTOWN, RI 02813 USA
DIRECTOR	JODY WARD	136 LIBERTY ST. PAWCATUCK, CT 06379 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**

NANCY KOHLER 50 SAND HILL ROAD CHARLESTOWN , RI 02813

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

**Signed this 13 Day of July, 2023 at 6:30:08 AM 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 JODY WARD  
Signature of Authorized Person

Form No. 631  
Revised 09/07