



State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number 148791	2. Exact name of the Corporation Woonsocket Cat Sanctuary Inc.
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island Non-Kill Cat Shelter
4. NAICS Code 812910	

6. Principal Office Address 266 Mendon Road	City Woonsocket	State RI	Zip 02895
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name Paulette Tessier			Vice-President Name Deborah Adam		
Street Address 1260 38th. Avenue			Street Address 80 Blackstone Street		
City St. Petersburg	State FL	Zip 33704	City Blackstone	State MA	Zip 01504
Secretary Name Gail Desmarais			Treasurer Name Gail Desmarais		
Street Address 140 Linden Avenue			Street Address 140 Linden Avenue		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name Paulette Tessier			Director Name Deborah Adam		
Street Address 1260 38th. Avenue			Street Address 80 Blackstone Street		
City St. Petersburg	State FL	Zip 33704	City Blackstone	State MA	Zip 01504
Director Name Gail Desmarais			Director Name		
Street Address 140 Linden Avenue			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip

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 Deborah Adam	Date 12/29/23
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Signature of Officer/Authorized Representative <i>Deborah Adam</i>	FILED JAN 05 2024
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MAIL TO:
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