



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year:

Non-Profit Corporation

2024

JAN 25 2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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

BY 16037
BY DS

1. Entity ID Number 0000 94607		2. Exact name of the Corporation Windwalker Humane Coalition WHC -	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To educate people about the connection between humans & Animals.	
4. NAICS Code 813319			
6. Principal Office Address 223 Mattity Rd		City N. Smithfield	State RI
		Zip 02896	
7. List ALL officers (names and addresses) ☐ Check the box to indicate an attachment			
President Name Cheryl Ficatta		Vice-President Name Leslie Sittelow	
Street Address 223 Mattity Rd		Street Address 48 Watch Hill Rd	
City N. Smithfield	State RI	City Westley	State RI
Zip 02876		Zip 02891	
Secretary Name Amy Rajack		Treasurer Name	
Street Address 33 Phillips ST		Street Address	
City Cranston	State RI	City	State
Zip 02921		Zip	
8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors. ☐ Check the box to indicate an attachment			
Director Name Phyllis Kaczynski		Director Name Sheila Smith	
Street Address 523 Chestnut ST		Street Address 26 Club Lane	
City Seekonk	State MA	City Hartsville	State RI
Zip 02771		Zip 02830	
Director Name Ann Olean		Director Name	
Street Address 263 Harriet Lane		Street Address	
City Cumberland	State RI	City	State
Zip 02864		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 Karen Lewis 190 Mill Cove Rd, Warwick 02885 Treasurer			Date Jan 22, 2024
Signature of Officer/Authorized Representative Karen Lewis, Treasurer			