	State of Rhode Office of the Secreta		ee: \$20.00	
	Division Of Business	s Services		
	148 W. River S			
1636	Providence RI 029 (401) 222-30			
	(401) 222-30	+0		
Non-Profit Corporation Annual Report Filing Period: February 1 - May	1			
In accordance with R.I.G.L. 7-6 annual report within the time pr penalty fee of \$25.00.				
ANNUAL REPORT YEAR - EN	TER THE CURRENT YEAR 2	024 : <u>2024</u>		
1. Corporate ID No. 000486674				
2. Name of Corporation Rhode Island Parrot Rescue				
3. State of Incorporation				
State: <u>RI</u>				
	NAICS CODE			
primary type of activity in which	ch your entity engages. The l d on the chosen selection. If	e classification title that describes th box to the right of the dropdown wi the NAICS Code is known, enter it ssification <u>click here.</u>	II	
NAICS Code				
<u>813312</u>				
4. Deineinel Office Address				
4. Principal Office Address				
No. and Street: <u>2141 WES</u>	T SHORE ROAD, #1			
City or Town: <u>WARWIC</u>	K	State: <u>RI</u> Zip: <u>02889</u> Country:	<u>USA</u>	
5. Brief Description of the Character of the Affairs Conducted in Rhode Island				
THE RESCUE AND REHABILITATION OF INJURED AND OR ABANDONED BIRDS				
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.				
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Co	untry	

PRESIDENT	CORRIE BUTLER	10 GRAND VIEW DR WARWICK , RI 02886 USA
TREASURER	MICHELLE LAVOIE	208 WOOD AVE #3 WOONSOCKET, RI 02895 USA
SECRETARY	DIANE CONYER	267 WIDOW SWEETS RD EXETER, RI 02822 USA
VICE PRESIDENT	NATHANIEL MOLLICA	907 SIXTH AVE. REDWOOD CITY, CA 94063 USA
DIRECTOR	NICOLE WEBSTER	22 SPENCER AVE EAST GREENWICH, RI 02818 USA
DIRECTOR	JOHN ROBINSON	76 VERONA ST LYNN, MA 01904 USA
DIRECTOR	SHANNON SOMYK	401 SEASIDE DR JAMESTOWN, RI 02835 USA
DIRECTOR	DR ANNE BOURKE	NORTHEAST BIRD CLINIC , PO BOX 301 ASHFORD, CT 06278 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

MICHELLE LAVOIE 2141 WEST SHORE ROAD, FLOOR 1 WARWICK , RI 02889

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

Signed this 31 Day of January, 2024 at 9:14:09 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 MICHELLE LAVOIE

Signature of Authorized Person

Form No. 631 Revised 09/07

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