



State of Rhode Island
Department of State - Business Services Division

FILED
517.11.3
FEB 28 2024

Annual Report for the year: 2024
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.

BY [Signature]

1. Entity ID Number <u>000 419780</u>		2. Exact name of the Corporation <u>West Warwick Angels Caring for Animals, Inc</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>To Raise money for medical care & welfare of animals residing in Rhode Island. For charitable purposes including making a distributions</u>	
4. NAICS Code <u>813219</u>			
6. Principal Office Address <u>112 HARDING ST</u>		City <u>West Warwick</u>	State <u>RI</u>
		Zip <u>02893</u>	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Kimberly McDonough</u>		Vice-President Name <u>JUSTIN DULAC</u>	
Street Address <u>48 Maybury St</u>		Street Address <u>187 Arnold Rd</u>	
City <u>Cumberland</u>	State <u>RI</u>	City <u>COVENTRY</u>	State <u>RI</u>
Zip <u>02864</u>		Zip <u>02816</u>	
Secretary Name <u>Dawn Dumond</u>		Treasurer Name <u>Joan Levitt</u>	
Street Address <u>8 Julie St</u>		Street Address <u>11 HARVARD CT</u>	
City <u>Cumberland</u>	State <u>RI</u>	City <u>CRANSTON</u>	State <u>RI</u>
Zip <u>02864</u>		Zip <u>02920</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>Linda Robbins</u>		Director Name <u>Phyllis Gustafson</u>	
Street Address <u>565 S. Frontage Rd</u>		Street Address <u>26 Alvero Rd</u>	
City <u>Danielson</u>	State <u>CT</u>	City <u>COVENTRY</u>	State <u>RI</u>
Zip <u>06239</u>		Zip	
Director Name <u>Anthony Rivera</u>		Director Name	
Street Address <u>23 Taylor RA</u>		Street Address	
City <u>Johnston</u>	State <u>RI</u>	City	State
Zip <u>02919</u>		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 <u>Joan Levitt</u>			Date <u>2/26/24</u>
Signature of Officer/Authorized Representative <u>Joan C Levitt</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