



State of Rhode Island
Department of State - Business Services Division

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.

FILED

MAR 12 2024

AMP

BY

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CLERK OF STATE
PROVIDENCE, RHODE ISLAND

1. Entity ID Number 001665533		2. Exact name of the Corporation Susan R. Little Private Charitable Foundation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Prevention of cruelty to animals			
4. NAICS Code 813110 - Religious Orga					
6. Principal Office Address c/o 106 Clock Tower Square			City Portsmouth	State RI	Zip 02871
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Susan Little			Vice-President Name		
Street Address 106 Clock Tower Square, c/o J Marion III			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Secretary Name			Treasurer Name Carolyn Curry		
Street Address			Street Address 106 Clock Tower Square, c/o J Mario		
City	State	Zip	City Portsmouth	State RI	Zip 02871
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 Sydnee Voigt			Director Name Susan Little		
Street Address 106 Clock Tower Square, c/o J Mario			Street Address 106 Clock Tower Square, c/o J Mario		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Director Name Carolyn Curry			Director Name		
Street Address 106 Clock Tower Square, c/o J Mario			Street Address		
City Portsmouth	State RI	Zip 02871	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Joseph R. Marion III, Esq.					Date 3/4/24
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov