



State of Rhode Island
Department of State - Business Services Division

APR 10 2024 *ru*

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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.

1. Entity ID Number 725041		2. Exact name of the Corporation Friends of Westerly Animal Shelter, inc			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island We are a 501c3 non-profit that benefits the Westerly Animal Shelter in its need for animal care, surgeries, vet care and more			
4. NAICS Code 813990					
6. Principal Office Address PO box 3001			City westly	State ri	Zip 02891
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Sandra Grinnell			Vice-President Name Ginni Ursin		
Street Address 15b Pond Street			Street Address 10 High Ridge Court		
City Westerly	State RI	Zip 02891	City Pawcatuck	State CT	Zip 06379
Secretary Name Mary Elmore			Treasurer Name Shirley Schwaab		
Street Address 381 woodland st			Street Address 10 Crowther plact		
City Manchestr	State ct	Zip 06042	City hope valley	State ri	Zip 02832
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 Sandra Grinnell			Director Name Shirley Schwaab		
Street Address 15b pond street			Street Address 10 crowthrs place		
City westly	State ri	Zip 02891	City hope valley	State ri	Zip 02832
Director Name Sally Sorenson			Director Name		
Street Address 161 Shore Rd			Street Address		
City Westerly	State ri	Zip 02891	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 Sandra Grinnell				Date 4/10/24	
Signature of Officer/Authorized Representative <i>Sandra Grinnell</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040