RI SOS Filing Number: 202452362970 Date: 4/24/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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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	2. Exact name of the Corporation
000027766	North Kingstown Exeter Animal Protection League,
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Shelter for cats and kittens in RI - to provide shelter and adoptive homes
4. NAICS Code: 812910	

6. Principal Office Address	City	State	Zip
PO Box 83	North Kingstown	RI	02852

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Linda Stevens	500 Stony Ln	North Kingstown	RI	02852

Vice-President Name	Street Address	City	State	Zip
Kim Filburn	500 Stony Ln	North Kingstown	RI	02852

Secretary Name	Street Address	City	State	Zip
Kim Filburn	500 Stony Ln	North Kingstown	RI	02852

Treasurer Name	Street Address	City	State	Zip
Jenna Schmidt	500 Stony Ln	North Kingstown	RI	02852

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Marsha Welch	500 Stony Ln	North Kingstown	RI	02852
Christene Debbois	500 Stony Lane	North Kingstown	RI	02852

Director Name	Street Address	City	State	Zip
Leslie Coon	500 Stony Ln	North Kingstown	RI	02852
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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	Date
Linda Stevens, President NKEAPL	4/4/24

Signature of Officer/Authorized Representative: Linda Stevens, President NKEAPL

FILED

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

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FORM 631 - Revised: 12/2023