



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 001665673

2. Name of Corporation No Kitty Left Behind

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

812910

4. Principal Office Address

No. and Street: 564 SOUTH WATER STREET
C/O SAVAGE LAW PARTNERS, LLP

City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO FIND LOVING AND FRIENDLY HOMES FOR CATS BELONGING TO THE ELDERLY AND TERMINALLY ILL AFTER THEY ARE NO LONGER ABLE TO CARE FOR THEIR BELOVED PETS.SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR

CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. UPON THE DISSOLUTION OF THE ORGANIZATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR TO A STATE OR LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE. ANY SUCH ASSETS NOT DISPOSED OF SHALL BE DISPOSED OF BY A COURT OF COMPETENT JURISDICTION IN THE COUNTY IN WHICH THE PRINCIPAL OFFICE OF THE ORGANIZATION IS THEN LOCATED, EXCLUSIVELY FOR SUCH PURPOSES OR TO SUCH ORGANIZATION OR ORGANIZATIONS, AS SAID COURT SHALL DETERMINE, WHICH ARE ORGANIZED AND OPERATED EXCLUSIVELY FOR SUCH PURPOSES.

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, Country
PRESIDENT	JILL PIERCE	134 MESSER STREET PROVIDENCE , RI 02909 USA
TREASURER	KIMBERLY WILLIAMSON	111 DESMARIAS ST. CUMBERLAND, RI 02864 USA
SECRETARY	MICHELLE WEATHERED	175 HARMON AVENUE CRANSTON, RI 02910 USA
VICE PRESIDENT	MICHELLE WEATHERED	175 HARMON AVENUE CRANSTON, RI 02910 USA
DIRECTOR	KIMBERLY WILLIAMSON	111 DESMARIAS ST. CUMBERLAND , RI 02864 USA
DIRECTOR	JESSICA BROWN	2811 E 4TH STREET LONG BEACH, CA 90814 USA
DIRECTOR	CHAYA LEVIN	2700 HENRY HUDSON PARKWAY #7F RIVERDALE, NY 10463 USA
DIRECTOR	JILL PIERCE	462 PLEASANT VALLEY PKWY PROVIDENCE, RI 02908 USA
DIRECTOR	MICHELLE WEATHERED	175 HARMON AVENUE CRANSTON, RI 02910 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**

C. ALEXANDER CHIULLI, ESQ. SAVAGE LAW PARTNERS, LLP 564 SOUTH WATER STREET
PROVIDENCE , RI 02903

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

Signed this 29 Day of April, 2024 at 11:00:24 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 WEATHERED
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2024 State of Rhode Island
All Rights Reserved