



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.

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2025 MAR 24 P 2:54

1. Entity ID Number 000058379		2. Exact name of the Corporation Friends of the North Smithfield Animal Shelter			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To Raise Funds for the Benefit of Animals in Shelters			
4. NAICS Code 812910					
6. Principal Office Address 192 Old River Rd Unit 1			City Lincoln	State RI	Zip 02865
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Cynthia Rondeau			Vice-President Name Joyce Anez		
Street Address 192 Old River Rd Unit 1			Street Address 14 Barberry Hill Rd		
City Lincoln	State RI	Zip 02865	City Cumberland	State RI	Zip 02864
Secretary Name Aurelie Maciejewski			Treasurer Name Lucien Rondeau		
Street Address 114 Sayles Hill Rd			Street Address 192 Old River Rd Unit 1		
City No. Smithfield	State RI	Zip 02896	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Cynthia Rondeau			Director Name Joyce Anez		
Street Address 192 Old River Rd Unit 1			Street Address 14 Barberry Hill Rd		
City Lincoln	State RI	Zip 02865	City Cumberland	State RI	Zip 02864
Director Name Aurelie Maciejewski			Director Name Lucien Rondeau		
Street Address 114 Sayles Hill Rd			Street Address 192 Old River Rd Unit 1		
City No. Smithfield	State RI	Zip 02896	City Lincoln	State RI	Zip 02865
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, or duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative Lucien Rondeau				Date 3/20/2025	
Signature of Officer/Authorized Representative <i>Lucien Rondeau</i>				BY <i>094175</i> 255 PJ	

MAIL TO:
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Website: www.sos.ri.gov