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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BUS SVCS DIV

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1. Entity ID Number	2. Exact name of the Corporation
000058379	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	City	State	Zip
192 Old River Rd Unit 1	Lincoln	RI	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 Unit1			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, Duly Authorized Representative, Receiver or Trustee

FILED

Name of Officer/Authorized Representative	Date
Lucien Rondeau	**3/20/2025**

MAR 24 2025

Signature of Officer/Authorized Representative: Lucien Rondeau

BY 094AS

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

FORM 631 - Revised. 12-2023