



**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 2025: 2025

1. Corporate ID No. 000150996

2. Name of Corporation FLOWER DOGS SANCTUARY

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

501000

4. Principal Office Address

No. and Street: 302 D CURTIS CONER ROAD

City or Town: SOUTH KINGSTOWN

State: RI Zip: 02879 Country: USA

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

TO PROVIDE A REFUGE FOR UNWANTED PREGNANT, ELDERLY, SICK OR
ABANDONED ANIMALS, PRIMARILY DOGS.

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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	LINDA ANNE BESSETTE MS	302D CURTIS CORNER RD. SOUTH KINGSTOWN , RI 02879 US
DIRECTOR	DAVE URBAN	1444 JEFFREY'S RD ROCKY MOUNT, NC 27804 USA
DIRECTOR	NADINE MOORE	175 BROAD STREET B7 PAWTUCKET, RI 02860 USA
DIRECTOR	CRYSTAL SELBY OTERO	1832 SOUTH SCHOOL AVE FAYETTEVILLE, AK 72701 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

LINDA A. BESSETTE 302 D CURTIS CORNER ROAD SOUTH KINGSTOWN , RI 02879

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

Signed this 1 Day of April, 2025 at 8:31:46 PM 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 LINDA BESSETTE
Signature of Authorized Person

Form No. 631
Revised 09/07

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