



**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.** 001780000

**2. Name of Corporation** Tiny Paws Kitten Care of Rhode Island

**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: 6 BELFOREST LANE

City or Town: HOPE VALLEY

State: RI

Zip: 02832

Country: USA

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

AT TINY PAWS KITTEN CARE OF RHODE ISLAND,  
OUR MISSION IS TO DELIVER CRITICAL,  
COMPASSIONATE CARE TO NEONATAL KITTENS  
THROUGHOUT THE STATE. WE ARE COMMITTED TO  
PROVIDING A SAFE HAVEN WHERE THE MOST  
VULNERABLE KITTENS RECEIVE IMMEDIATE  
MEDICAL ATTENTION, SPECIALIZED NUTRITION,  
AND NURTURING SUPPORT ESSENTIAL FOR THEIR

SURVIVAL AND DEVELOPMENT. THROUGH  
DEDICATED CARE AND COMMUNITY INVOLVEMENT,  
WE AIM TO GIVE EVERY TINY PAW THE  
OPPORTUNITY TO GROW INTO A HEALTHY, HAPPY  
CAT AND FIND A LOVING FOREVER HOME.

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
INCORPORATOR	ANGELA SENERCHIA	6 BELFOREST LANE HOPE VALLEY, RI 02832 USA
DIRECTOR	ANGELA ROSE SENERCHIA	6 BELFOREST LANE HOPE VALLEY, RI 02832 USA
DIRECTOR	JACLYN MARIE ROCHA	6 BELFOREST LANE HOPE VALLEY, RI 02832 USA
DIRECTOR	ANNE MARIE SENERCHIA	50 SHEFFIELD HILL DRIVE EXETER, RI 02822 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**

ANGELA SENERCHIA 6 BELFOREST LANE HOPE VALLEY , RI 02832

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

*Signed this 5 Day of April, 2025 at 9:31:29 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 ANGELA SENERCHIA  
Signature of Authorized Person

Form No. 631  
Revised 09/07