RI SOS Filing Number: 202569749220 Date: 4/10/2025 12:44:00 PM



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

Foreign Non-Profit 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**: <u>2025</u>

- 1. Corporate ID No. 001754817
- 2. Name of Corporation FOUNDATION TO SUPPORT ANIMAL PROTECTION
- 3. State of Incorporation

State: DE

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 <u>click here.</u>

NAICS Code

<u>561110</u>

4. Principal Office Address

No. and Street: 501 FRONT STREET

City or Town: NORFOLK State: VA Zip: 23510 Country: USA

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

SUPPORT ANIMAL PROTECTION

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

VICE PRESIDENT	MARY HEALEY	501 FRONT STREET NORFOLK, VA 23510 USA
PRESIDENT, TREASURER, DIRECTOR	INGRID E NEWKIRK	1536 16TH STREET NW WASHINGTON, DC 20036 USA
ASSISTANT SECRETARY	JEFFREY S KERR	1536 16TH STREET NW WASHINGTON, DC 20036 USA
SECRETARY, DIRECTOR	EILENE COHHN	6754 B SURREYWOOD LANE BETHESDA, MD 20817 USA
DIRECTOR	MARY HEALEY	501 FRONT STREET NORFOLK, VA 23510 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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE, RI 02914

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

Signed this 10 Day of April, 2025 at 12:45:21 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 **KELLY LETTMANN**

Signature of Authorized Person

Form No. 631 Revised 09/07

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