



**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. 001711150

2. Name of Corporation North Providence Animal Welfare Society

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

813990

4. Principal Office Address

No. and Street: 14 HANNAH DRIVE

City or Town: WARWICK

State: RI

Zip: 02888

Country: USA

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

THE PURPOSE OF THIS CORPORATION SHALL INCLUDE ANY OR ALL OF THE FOLLOWING:

TO PROVIDE FREE OR REDUCED-COST VETERINARY SERVICES TO ANIMALS BELONGING TO

RESIDENTS IN NEED IN TOWNS SERVICES BY THE NORTH PROVIDENCE ANIMAL SHELTER

(CURRENTLY, NORTH PROVIDENCE, JOHNSTON, SMITHFIELD); TO PROVIDE FREE OR

REDUCED-COST FOOD TO ANIMALS IN NEED BELONGING TO TOWNS SERVICED BY THE NORTH PROVIDENCE ANIMAL SHELTER; TO PROVIDE TRAP NEUTER RELEASE SERVICES TO AREAS SERVICED BY THE NORTH PROVIDENCE ANIMAL SHELTER; TO ADVOCATE FOR THE WELFARE OF ALL ANIMALS; TO ADVOCATE FOR THE PROPER CONSTRUCTION, MAINTENANCE, REPAIR, OPERATION, AND MANAGEMENT OF THE NORTH PROVIDENCE ANIMAL SHELTER.

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CATHERINE LANNI	23 CRAIGE ST NORTH PROVIDENCE, RI 02911 USA
TREASURER	JO-ANN DALESSANDRO	15 LOCUST AVE NORTH PROVIDENCE, RI 02911 USA
SECRETARY	ALICIA SANSONE	15 LOCUST AVE NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	CATHERINE LANNI	23 CRAIGE ST NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	JO-ANN DALESSANDRO	15 LOCUST AVE NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	ALICIA SANSONE	15 LOCUST AVE NORTH PROVIDENCE, RI 02911 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

ALICIA SANSONE 15 LOCUST AVE NORTH PROVIDENCE , RI 02911

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

Signed this 14 Day of April, 2025 at 9:01:12 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 ALICIA SANSONE
Signature of Authorized Person

Form No. 631
Revised 09/07

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