RI SOS Filing Number: 202571227390 Date: 4/22/2025 4:00:00 PM

THE WAY

, Table 1

State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2025**Non-Profit Corporation**

→ Filing period: February 1 - May 1 → Filing Fee: \$20.00

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_	Donathe	Additional	\$25 AA foo	if form ic n	at filed by	May 21

APR 2 2 2025	
(CEN) BY 427	

FILED

→ Penatty: Additional \$25.00 fee if										
1, Entity ID Number 725041	2. Exact name of the Corporation Friends of Westerly Animal Shelter, Inc									
State of Incorporation RI NAICS Code	5. Brief description of the character of business conducted in Rhode Island We are a 501c3 small non-profit that benefits the Westerly Animal Shelter in its need for animal care, surgeries, vet care and more.									
813990										
6. Principal Office Address po box 3001			City westerly	State ri	Zip 02891					
7, List ALL officers (names and add	7. List ALL officers (names and addresses) Check the box to indicate an attachment									
President Name Sandra Grinne			Vice-President Name Gini Ursin							
Street Address 15 b Pond Street	et		Street Address 10 High Ridge Court							
^{City} westerly	State ri	^{Zip} 02891	^{City} pawcatuck	State Ct	^Z เดิง					
Secretary Name Shirley Schwa	ab		Treasurer Name Mary Elmore							
Street Address 10 Crowther Place			Street Address 381 Woodland ST							
City Hope Valley	State ri	^{Zip} 02832	City Manchester	State Ct	შ ზ042					
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment										
Director Name Sandra Grinnell			Director Name Shirley Schwaab							
Street Address 15b pond stree	t		Street Address 10 crowthers place							
^{City} westerly	State ri	^{Zip} 02891	City Hope valley	State ri	Zip UZ83Z					
Director Name Angel T Hurst			Director Name Mary Priddy							
Street Address 548 toligate roa	d		Street Address 98a tollgate road							
^{City} groton	State Ct	^{∠ip} 06340	^{City} narragansett	State ri	02879					
9. The Registered Agent information	n of record with th	e RI Department	of State is accurate. Changes requ	ire 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.										
Name of Officer/Authorized Representative Date										
SANDRA GENNEIL President										
Signature of Officer/Authorized Représentative										

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040