



State of Rhode Island
Department of State - Business Services Division

FILED

APR 22 2025

Annual Report for the year: 2025

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

CBV

BY 427

1. Entity ID Number 725041		2. Exact name of the Corporation Friends of Westerly Animal Shelter, Inc			
3. State of Incorporation RI		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.			
4. NAICS Code 813990					
6. Principal Office Address po box 3001		City westerly		State ri	Zip 02891
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sandra Grinnell			Vice-President Name Gini Ursin		
Street Address 15 b Pond Street			Street Address 10 High Ridge Court		
City westerly	State ri	Zip 02891	City pawcatuck	State ct	Zip 06319
Secretary Name Shirley Schwaab			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	Zip 06042
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Sandra Grinnell			Director Name Shirley Schwaab		
Street Address 15b pond street			Street Address 10 crowthers place		
City westerly	State ri	Zip 02891	City Hope valley	State ri	Zip 02832
Director Name Angel T Hurst			Director Name Mary Priddy		
Street Address 548 tollgate road			Street Address 98a tollgate road		
City groton	State ct	Zip 06340	City narragansett	State ri	Zip 02879
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require 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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative SANDRA Grinnell, President					Date 4/17/25
Signature of Officer/Authorized Representative Sandra Grinnell President					

MAIL TO:

Division of Business Services

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