

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS .A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

\* 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 (B.I.G.L. 7-6-94).

\* to a benealty fee of \$25.00

to a penatry fee of \$25.00.	is annual report within the time prescribed by law (R.I.G.L. 7-6-91) is si
1. Corporate II) No. 2. Name of Corporation	(121012 ) 071) 18 31
37979  3. State of Incorporation  4. Corporate address in Physics Information	
1 Special and Street A	1 CHV 1 7th
5. Foreign corporation. Enter principal office address	JOHNSTON 02919
l NIA	City State Zip
6. Brief Description of the character of the affairs which are actually conducted in Rh	ode Island
CATINA FOR HOMOLOSS ANIMA	us. Recyclina
A NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR AT	TACHMENT) TIEL IN SPACES BEFORE USING ATTACHMENTS
DIANE SCOPELLITI	Vice President Name
Street Address	Joyce Scopelliti
to winson Ave	Street Address  56 Win Sor Aue
Solleston RT 124p	City.
2011 StV PT 102919 Secretary Name	JUHNSTON State W919
JOYG SCOPELLITI	Treasurer Name  Con Don 1:1
Street Address	StreeyAddress
City State State	66 WINSOR AVR
SIMNGON ITE MAGIG	City State Zip
	Trachments The In species of the 109919
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAN	D) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6.
Diplo SCAPOLLIAI	
DIANE SCOPELLITI	VINCENT SCOPELLITY JR.
blo winson Ave	Street Address 562 Choswar Hill Rd
SOUNSTON State Zip DAGIG	City Chapartell State Zip
SoyCe Scopelliti	Director Name
treet Address	
bb WINSOR AVE	Street Address
JUHN MAN MARIA	City State Zip
REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Cha	inges require filling of Form 641. P. C. 7. 43 / 7.
SiANE SCOPELLIA	Address
idress	166 WINSOR AVR
·	501/M1977 1 PT 240 2919
This report must be wise 11	
This report must be signed by either the President, Vice Pr	esident Secretary Assistant Sagathan T

ssistant Secretary, Treasurer, Receiver or Trustee

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Fil	e Date	74. 5 <u>74</u> .	F	E	D	6				
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By.			76 5					- 1116 - - 1116	¥	
		FOR S	ECRE	IARY	OF ST	ATE-I	JSE ON	ĽΥ		

	I	
	Under penalty of perjury, I declare and affirm that I have exa report, including any accompanying schedules and statements, statements contained herein are true and correct.	umined this and that all
_	= Thus find	6/22/08
3	DIANE SCOPELLI Ti	Date
P	Print or Type Name of Officer ReSideN	
T	Title of Officer	<del></del>

Form 631 Rev. 03/07