

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

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

\* In accordance with Fix of \$60.00.

to a penalty fee of \$25.00.							
1. Corporate ID No.	2. Name of Corporation						
58379	FRIENDS OF NORTH SMITHFIELD ANIMAL SHELTER						
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address			City	Zîp		
RHODE ISLAND	271 Knollridge D	rive		North Smithfield	02896-8170		
5. Foreign corporation. Enter principal office address			City	State	Zip		
6. Brief Description of the character	of the affairs which are ac	tually conducted in Rhode Isla	and	<u> </u>			
To raise funds for the benef	fit of animals in shel	ters					
7, NAMES AND ADDRESSE	OF THE OFFICER	I' ("X" BOX FOR ATTACH	<i>ment</i> ) - Fill in spaces b	efore using attac	HMENTS		
President Name			Vice President Name				
Cynthia Rondeau			Joyce Anez				
Street Address			Street Address				
271 Knollridge Drive			120 Carlton Avenue				
City	State	Zip	City	State	Zip		
North Smithfield	Rhode Island	02896-8170	North Smithfield	Rhode Island	02896-7859		
Secretary Name			Treasurer Name Lucien Rondeau				
Street Address			Street Address 271 Knollridge Drive				
City	State	Zip	City	State	Zip		
THE NUMBER OF DIRECTO			North Smithfield THUENT) ☐ FILL IN SPACES B ORBORATION SHALE NOT B				
Director Name			Director Name				
Carol Naylor			Donald Hayden				
Street Address			Street Address				
77 Main Street			906 Tourtellot Hill Road				
City	State	Zip	City	State	Zip		
Slatersville	Rhode Island	02876-9800	North Scituate	Rhode Island	02857-1229		
Director Name Elaine Hayden			Director Name				
Street Address 906 Tourtellot Hill Road			Street Address				
City	State	Ζip	City	State	Zip		
North Scituate	Rhode Island	02857-1229	1				
9 REGISTERED AGENT IN Agent Name	riiqde Iseand - d	O NGT ALTER - Chang	es require filing of Form 6: Address	11 • R.I.G.L, 7-6-13 &	7-6-78 <sub>-91-1</sub> 1 <sub>1</sub> 2-1		
Address			City	Zip			
This report must	be signed by either t	he President, Vice Presi	dent, Secretary, Assistant Secr	etary, Treasurer, Rece	iver or Trustee		

	_	-	•
			e <b>es</b> électrologie
File Date			
	111	N A1	2009
Check No.	UU	II A T	CUUV
By	ВV		-2U)
FOR SECRE	TARY O	F STATE US	E ONLY
[1] M.		water a like to the earlier	TENNE THAT I SHELL IN THE

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.

Signature of Officer

Lucien Rondeau Print or Type Name of Officer

Treasurer Title of Officer

Form 631 Rev. 12/06