

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street

200 Grovidence, RI 02904-2615

## 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 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.

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137235 Pre Cious Avat	els Animal Resoure
3. State of Incorporation 4. Corporate address in Rouge Island - Street Address Phenix	Ave. Crarston 24020
5. Foreign corporation. Enter principal office address	City State RI Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Isla	and a second sec
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X BOX FOR ATTACHMENT) WILL IN SPACES BEFORE USING ATTACHMENTS (M)	
Street Address  President Name Michelle M. Cantibi	Julie Piscopiello
250 Phenix Ace.	Street Address 85 FOX Ridge Dr.
<u> Cranston   RI   103930</u>	Cranston state RI 102921
Secretary Name Susan Talone	Theresa Merolli
Street Address 220 Wescott Road	Street Address 50 Hauxhurst St.
8. NAMES AND ADDRESSES OF THE DIRECTORS; ("X" BOX FOR ATTACK	Providence State RI 2102909
THE MIMBER OF DEPOSITION OF A POSITION OF A	
Director Name	(9)
Michelle M. Cantini	Susan Talone
250 Phenix Ave.	Street Address 230 WeScott Rdi
Cranston State RI Zip 02920	n. Scituate suite RI 21p. 03857
Julie Piscopiello	Steven Patriarca
Street Address 85 Brox Ridge Dr.	Street Address 19 Raymond Rd.
9. REGISTERED AGENT IN RHODE ISLAND	N. Providence Rt 029\$1
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78	
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee	

File Date FILED	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.
Check No. JUN 1 8 2009	Signature of Officer M. Cantini Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer  Title of Officer