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A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

Form 631 Rev. 12/06

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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

1 2 2 2 2 2					
1. Corporate ID No. 149402	2. Name of Corpor Hands TI				
3. State of Incorporation RI	4. Corporate addr. 10 Apple	ess in Rhode Island - Street Add Hill Drive	hess	North Scituate	^{Zip} 02857
5. Foreign corporation. Enter principal office address			CUT	State	Zip
Wise se anable to t	ie animais by obtain medica	raising funds to pa Il care for their anir	te Island by primarily the medical I mals or other animals gro ACHMENT)	านทร	
Street Address 10 Apple Hill Drive			Street Address 17 Douglas Circle		
North Scituate	State RI	^{2ip} 02857	Greenville	State RI	^{Zip} 02828
Secretary Name Beverly Palumbo			Treasurer Name Leslie Davis		
Street Address 943 Hartford Pike			Street Address 510 Trimtown Road		
North Scituate	State RI	^{Zip} 02857	North Scituate	State RI	^{Ζψ} 02857
Director Name Elaine Birrell Street Address	S OF THE DIREC	CTORS: ("X" BOX FOR AT ESTIC (RHODE ISLAND	TACHMENT) X FILL IN SPACES O) CORPORATION SHALL NOT Director Name Leslie Davis Street Address	BE LESS THAN THREE	 MENTS (3). R.I.G.L. 7-6-23
10 Apple Hill Drive			510 Trimtown Road		
North Scituate	State RI	^{Zip} 02857	North Scituate	State RI	^{Zip} 02857
Direct Beverly Palumbo			Director Name Anne Gardner		
Street Address 943 Hartford Pike			Street Address 17 Douglas Circle		
North Scituate	State RI	^{Ζφ} 02857	Greenville	RI State	^{Ζψ} 02828
Elaine Birrell	RHODE ISLAND	- DO NOT ALTER - Cha	anges require filing of Form 6	541 - R.I.G.L. 7-6-13 / 7-6	6-78
10 Apple Hill Drive			North Scituate	Zip RI	
This report must	be signed by eith	er the President, Vice Pr	esident, Secretary, Assistant Sec		r or Trustee

	Under penalty of perjury. I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date 7-1-09	statements contained herein are true and correct. $6/21/09$
Check No.	Signalure of Officer Date Leslie Davis
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer Treasurer
FOR SECRETARY OF STATE USE ONLY	Title of Officer

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009 – Attachment

1. Corporate ID No.

2. Name of Corporation Hands That Heal

149402

8. NAMES AND ADDRESSES OF THE DIRECTORS

Director Name Tania Weld Street Address 5 School St.

City Smithfield,

State Zip RI 02917

FILED

JUL 01 2009

By<u>mne</u> ID # 149402