

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 R.I.G. I. 7-6-94, each corporation failing or refusing to file its game of proper within the time precedibed by law (P.I.G. I. 7.6.91) is calculated.

penalty fee of \$25.00.	2 Name of Continuation		its annual report within the time p	rescribed by law (R.I.C	i.L. 7-6-91) is subject to a
000122527 THE	, ,	T ANIMAL PROT	ECTION LEAGUE		
3. State of Incorporation RHONE_ISLAWD	4. Corporate address t	in Rhode Island - Street Addres		City	Zip 1 2 (1 2
5. Foreign corporation. Enter pr		SON STREET	City	State	CK RE02893
····					, ,
7. NAMES AND ADDRESS! President Name	ES OF THE OFFICE		Sland TO PROVIDE HOM  NEEDS ANIMALS.  HMENT)   FILL IN SPACES  Vice President Name	BEFORE USING AT	·
Street Address H. GROSSMAN			Street Address		
16/2 WILSON ST City State Zip			21 BROOKFARM RD.		
W. WARNICK	R I	<sup>20</sup> 2893	N. PROVIDENCE	State RI	02904
Secretary Name TERNI SNY	DER		Treasurer Name		
Street Address 6/CENTRAL PIKE			Street Address		
FOSTER	State PT	02821	City	State	Zip
8. NAMES AND ADDRESS	S OF THE DIRECT	PROGRAMON CERROLISTERIO E REPORTORIO.	(CHMENT) FILL IN SPACES	BEFORE USING A	TTACHMENTS
	ORS OF A DOMES	TIC (RHODE ISLAND)	CORPORATION SHALL NO	T BE LESS THAN T	<u>HREE</u> (3). R.I.G.L. 7-6-2.
MARY H. G	ROSSMAN		Director Name	ETNAMALA	·
Street Address	KU 23/11/A/V		STACIA PIA Street Address	ETROPACLO	<u>)</u>
16/2 WILSON	ST		21 BROOKFA	RM RD	
W. WARWICK	R I	249 S CO	N. PROVIDENCE	State R I	D2 904
Director Name CHRISTINE F	PIETROPAO	i	Director Name	***************************************	,
Street Address			Street Address		
21 BROOKFAR	M RD	7jh	City	State	
N. PROVIDENCE	RI	02 <b>9</b> 04	Cui).	State	20 CK
9. REGISTERED AGENT IN	RHODE ISLAND				
This information is currently	of record in the Off	ice of the Secretary of Sta	ate. Changes require filing of Fo	orm 641 - R.I.G.L. 7-	6-13/7-6-7
This report mu	st be signed by eithe	er the President, Vice Pre	esident, Secretary, Assistant S	ecretary, Treasurer,	
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		FILE	)		72
		0 - 21	ng.		
		FILED DEC 28 20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		_ RV/6h		gury, I declare and aff accompanying schedu	firm that I have examined the iles and statements, and that a
		10 A177	statements contained	berein are true and co	rrect.
File Date		1	Than N	Krossn	an 12/23/09
Check No.			Signature of Officer	00000	/ Dafe
			MARY H.	GROSSMA.	<u>v</u>
Вуг			Print or Type Name of	-	
FOR SECRETARY OF	STATE USE ONLY		PRESIDEN	<u> </u>	
The state of the s	20.000.7FF00MMD.J10.F0.D07	Hildford	Title of Officer		