



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>138317-3</u>		2. Exact name of the Corporation Friends of the North Kingstown Animal Shelter	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island Animal Welfare	
5. Principal office address 395 Hamilton-Allenton Road		City North Kingstown	State R.I.
		Zip 02852	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name Peter Korzeniowski		Vice-President Name Andrea Czabok	
Street Address 395 Hamilton-Allenton Road		Street Address 395 Hamilton-Allenton Road	
City North Kingstown	State R.I.	City North Kingstown	State R.I.
Zip 02852		Zip 02852	
Secretary Name Richard Taito		Treasurer Name Russell Shabo	
Street Address 395 Hamilton-Allenton Road		Street Address 395 Hamilton-Allenton Road	
City North Kingstown	State R.I.	City North Kingstown	State R.I.
Zip 02852		Zip 02852	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐			
Director Name Peter Korzeniowski		Director Name Richard Taito	
Street Address 395 Hamilton-Allenton Road		Street Address 395 Hamilton-Allenton Road	
City North Kingstown	State R.I.	City North Kingstown	State R.I.
Zip 02852		Zip 02852	
Director Name Andrea Czabok		Director Name Russell Shabo	
Street Address 395 Hamilton-Allenton Road		Street Address 395 Hamilton-Allenton Road	
City North Kingstown	State R.I.	City North Kingstown	State R.I.
Zip 02852		Zip 02852	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAY 23 2012

BY 523

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

Date 5/21/12

Russell R. Shabo

Print or Type Name of Officer

Treasurer

Title of Officer