

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 2013

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.

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1. Entity ID No.	2. Exact name of	the Corporation				
37979	PALS					
3. State of Incorporation	4. Brief description	n of the character of bu	siness conducted in Rhode Island		\ \ \	
R.I	· · · · · · · ·	FOR Worke le	is Animals, Assis Recycling title		PYINGOWZ	
5. Principal office address		<i>V</i>	Someton	State	Zip	
66 Winson A	18 Kre		20HP240N	W.L.	02919	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)						
President Name	-	•	Vice-President Name			
DiAne ScoPelliti			Dota Scopelliti			
Street Address 66 Winsor AVR			Street Address 66 Winson Ave			
City	State	Zip	City	State	Zip	
ZOHNSTON	RI	02919	JOHNSTON	RI	02919	
Secretary Name	<u> </u>		Treasurer Name	-		
Joyce Scope	Lhite		DiAME SCOPELL	i to		
Street Address 66 WINSOR AVE			Street Address 66 Winsor Ave			
City	State	Zip	City	State	Zip	
SOMPETON	RI	02919	JOHNSTON	K	02919	
7. LIST <u>ALL</u> DIRECTORS (NAM ("X" BOX FOR ATTACHMENT	ES AND ADDRES	SES). RHODE ISLAND	CORPORATIONS MUST LIST NO	LESS THAN T	HREE (3) DIRECTORS	
Director Name			Director Name			
DiAne Scoteilití			Doyce ScopeLLiti			
Street Address	•		Street Address	_		
66 WILLSOR	Ave		66 winson Al	R		
SOVNSTON	State	02919	5041570H	State	02919	
Director Name VINCENT SCOPELL	————— ≿`i		Director Name			
Street Address 341 Clearnor Hill Rd			Street Address			
City	State	Zip	City	State	Zip	
Glocester	RI	02814				
8. REGISTERED AGENT IN RHO	11-	<u>~~ • · / </u>				
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						
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File Date		Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements.		
Check No	FILED	and that all statements contained herein are true a	6/1/2013	
By:FOR SECRETARY OF STATE	MAY 2 9 2013	Signature of Officer Scopelliti Print or Type Name of Officer	Date 	
Form No. 631	BY 3051	President		
Revised: 05/2012		Title of Officer		