

## 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 • I			JULY 30 WILL RESULT IN A \$25	5.00 PENALTY	FEE.		
1. Entity ID No.		2. Exact name of the Corporation Friends of the North Smithfield Animal Shelter					
58379	Friends						
3. State of Incorporation  Rhode Island	4. Brief desc Raise fu	4. Brief description of the character of business conducted in Rhode Island Raise funds for the benefit & welfare of animal in shelters.					
Knode Island							
	71 Knollridge Drive		North Smithfield	State RI	Zip <b>02896-8170</b>		
6. LIST <u>all</u> officers (NA	MES AND ADDR	ESSES) ("X" BOX FOR A	(TTACHMENT)				
President Name Cynthia Rondeau	esident Name			Vice-President Name  Joyce Anez			
Street Address 271 Knollridge Drive			Street Address 120 Carlton Avenue				
City	State	Zip	City	State	Zip		
North Smithfield	RI	02896-8170	North Smithfield	RI	02896-7859		
Secretary Name Aurelie Maciejewski			Treasurer Name Lucien Rondeau				
Street Address 114 Sayles Hill Road	eet Address		Street Address 271 Knollridge Drive				
City North Smithfield	State <b>RI</b>	Zip 02896-8223	City North Smithfield	State <b>RI</b>	Zip 02896-8170		
	NAMES AND ADE	RESSES). RHODE ISLA	ND CORPORATIONS MUST LIST I	NO LESS THAN	THREE (3) DIRECTOF		
Director Name Cynthia Rondeau	me		Director Name Carol Naylor				
Street Address 271 Knollridge Drive		****	Street Address 77 N Main Street				
City North Smithfield	State <b>RI</b>	Zip 02896-8170	City Slatersville	State <b>RI</b>	Zip 02876		
Director Name	NI	02030-0170	Director Name	1			
<b></b>			Joyce Anez				
Street Address			Street Address 120 Carlton Avenue				
330 Barrett Hill Road	State	Zip	City	State	Zip		
City Brooklyn	CT	06234-1543	North Smithfield	RI	02896-7859		
			ver (a. 1.7). A Breakers II. A 1.7 (1.0.7) ver led 170 (1.0.4) (1.0.1)	4572 1-351-19454 VASA O			
8. REGISTERED AGENT IN			of State Changes require filing F	orm 641	<u>errano Personas albeidas.</u>		
			of State. Changes require filing Foundation of State. Changes require filing Foundation of State.		ivor or Truston		

File Date	FILED	Under penalty of perjury, I declare and affirm that this report, including any accompanying schedulard that all statements contained herein are true.	companying schedules and statements,	
Check No	JUN 2 6 2013	L' Kondeau	06/21/2013	
	JOIN 20 2010	Signature of Officer	Date	
	b391	L Rondeau		
FOR SECHEIARY OF STATE USE UNLI		Print or Type Name of Officer		
		Treasurer		
Form No. 631		Title of Officer		