

" AMENDED "



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

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.

1. Entity ID No. 484548		2. Exact name of the Corporation Residents United for Furry Friends, Inc.			
3. State of Incorporation Rhode Island		4. Corporate Address in RI - Street Address P.O. Box 568		City Warren	Zip 02885
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island Our goal is to raise money to build a new animal shelter in Warren, RI.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Allyson E Cote			Vice-President Name Allyson E. Cote		
Street Address 150 Dexter Street			Street Address 150 Dexter Street		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Bette Brule			Treasurer Name Ana Palmieri		
Street Address 20 Stanley Street			Street Address 53 Beth Ave		
City Barrington	State RI	Zip 02885	City Warren	State RI	Zip 02885
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Heidi Garrity			Director Name William Auclair		
Street Address 31 Andrew Court			Street Address 41 Homestead Ave		
City Bristol	State RI	Zip 02809	City Warren	State RI	Zip 02885
Director Name Michelle Auclair			Director Name		
Street Address 41 Homestead Ave			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

2013 OCT 28 PM 3:21
 SECRETARY OF STATE
 CORPORATIONS DIV

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

File Date _____
 Check No _____
 By: _____

FILED
 OCT 28 2013 3:21
 Kmc

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.

Allyson E Cote 10/28/2013
 Signature of Officer Date

ALLYSON E COTE
 Print or Type Name of Officer
PRESIDENT
 Title of Officer



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

