



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

"Amended"

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. Brief description of the character of business conducted in Rhode Island Our goal is to build a new animal shelter for the town of Warren RI			
5. Principal office address PO Box 568		City Warren	State RI	Zip 02885	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jean Bellm		Vice-President Name Keith Robitaille			
Street Address 23 Ellis Ave		Street Address 17 Kennicutt Ave			
City Barrington	State RI	Zip 02886	City Warren	State RI	Zip 02885
Secretary Name Bette Brule		Treasurer Name Anna Palmieri			
Street Address 20 Stanley Ave		Street Address 53 Beth			
City Barrington	State RI	Zip 02886	City Warren	State RI	Zip 02885
7. 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 Michelle Auclair		Director Name William Auclair			
Street Address 41 Hoemstead Ave		Street Address 41 Homestead Ave			
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Director Name Anna Palmieri		Director Name			
Street Address 53 Beth Ave		Street Address			
City Warren	State RI	Zip 02885	City	State	Zip
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.					

2014 MAR 17 PM 1:46
 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: _____ By: KM

FOR SECRETARY OF STATE USE ONLY

FILED 1:46 pm
MAR 17 2014

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.

Anna M Palmieri 3/12/14
 Signature of Officer Date

ANNA M. PALMIERI
 Print or Type Name of Officer

Treasurer
 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

