



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 2014

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. 147414		2. Exact name of the Corporation LINCOLN FRIENDS OF ANIMALS, INC.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TO PROMOTE CHARITABLE ACTIVITIES AND FUNDRAISING TO PROVIDE FOR AN ANIMAL SHELTER AND PHYSICAL PLANT FOR THE CARE OF ANIMALS OF ALL KINDS.			
5. Principal office address 2 CREST DRIVE		City LINCOLN		State RI	Zip 02865
6. LIST ALL OFFICERS (NAME AND ADDRESS), RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (SEE FOR ATTACHMENT)					
President Name MARIE T. GORMAN		Vice-President Name THOMAS F. FAY			
Street Address 2 CREST DRIVE		Street Address 22 CARRIAGE DRIVE			
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name JANE GRANT		Treasurer Name MARIE T. GORMAN			
Street Address 100 NEWELL DRIVE		Street Address 2 CREST DRIVE			
City CUMBERLAND	State RI	Zip 02864	City LINCOLN	State RI	Zip 02865
7. LIST ALL DIRECTORS (NAME AND ADDRESS), RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (SEE FOR ATTACHMENT)					
Director Name MARIE T. GORMAN		Director Name THOMAS F. FAY			
Street Address 2 CREST DRIVE		Street Address 22 CARRIAGE DRIVE			
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Director Name JANE GRANT		Director Name RICHARD THIBADEAU			
Street Address 100 NEWELL DRIVE		Street Address 391 RIVER ROAD			
City CUMBERLAND	State RI	Zip 02864	City LINCOLN	State RI	Zip 02864
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, duly Authorized Representative, Receiver or Trustee

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

JUN 03 2014

BY

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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 or Authorized Representative

Date

MARIE T. GORMAN - PRESIDENT

Print or Type Name of Officer or Authorized Representative

LINCOLN FRIENDS OF ANIMALS, INC.

Addendum to 2014 Annual Report

ID# 147414

DIRECTORS (Continued)

CLAUDIA GAULIN
120 MIRICK AVENUE
CRANSTON, RI 02920

KELLY A. FAY
22 CARRIAGE DRIVE
LINCOLN, RI 02865