



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. 26433		2. Exact name of the Corporation The East Greenwich Animal Protection League			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Adoption of cats, kittens, dogs and puppies			
5. Principal office address 4302 Post Rd.			City Warwick	State RI	Zip 02818
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Tammy Flanagan			Vice-President Name Elizabeth D'Andrea		
Street Address 31 Garden City Dr. Apr. 2			Street Address 60 Middle Rd.		
City Cranston	State RI	Zip 02920	City East Greenwich	State RI	Zip 02818
Secretary Name Gail Mickelson			Treasurer Name Nancy Davey		
Street Address 260 Grandview Dr.			Street Address 45 Lewis Farm Rd.		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
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 Renee Bucklin			Director Name Rita Eisman		
Street Address 70 Paterson Ave.			Street Address 434 Red Chimney Dr.		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name Sandra Burroughs			Director Name		
Street Address 83 Wolverstone Rd.			Street Address		
City East Greenwich	State RI	Zip 02818	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.					

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: _____ BY _____

FOR SECRETARY OF STATE USE ONLY

FILED

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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: Nancy Davey Date: 6-6-14

Nancy Davey
Print or Type Name of Officer or Authorized Representative