



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 <u>MUST</u> 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

JUN 10 2014

1176

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

Nancy Davey

Print or Type Name of Officer or Authorized Representative