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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 2015

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.	2. Exact name of the Corporation
484548	Residents United for Furry Friends, Inc.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
R.I.	Raising funds for the health and wellfare of all animals

5. Principal office address	City	State	Zip
53 Beth Ave	Warren	R.I.	02885

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Jean Belim	23 Ellis Ave	Barrington	R.I.	02886

Vice-President Name	Street Address	City	State	Zip
Michelle AuClair	40 Homestead Ave	Warren	R.I.	02885

Secretary Name	Street Address	City	State	Zip
Bette Brule	20 Stanley Ave	Barrington	R.I.	02886

Treasurer Name	Street Address	City	State	Zip
Anna Palmieri	53 Beth Ave	Warren	R.I.	02886

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
William AuClair	40 Homestead Ave	Warren	R.I.	02885

Director Name	Street Address	City	State	Zip
Christine j Audet Kelly	17 Bradbury St	Warren	R.I.	02885

Director Name	Street Address	City	State	Zip
Anna Palmieri	53 Beth Ave	Warren	R.I.	02885

Director Name	Street Address	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

FILED
MAY 18 2015

File Date _____
Check No _____
By: _____ **BY** 1059

FOR SECRETARY OF STATE USE ONLY

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 5/14/15
Signature of Officer or Authorized Representative Date

ANNA M. PALMIERI
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised 04/2014