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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 |
|---|---|
| 37979 | PALS |
| 3. State of Incorporation | 4. Brief description of the character of business conducted in Rhode Island |
| RI | Caring for Homeless Animals, Assisting Individuals with Pet Needs, Recycling Title 76 |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| 66 Winsor Ave | Johnston | RI | 02919 |

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

| President Name | Vice-President Name |
|---|---|
| Diane Scopelliti | Joyce Scopelliti |
| Street Address: 66 Winsor Ave | Street Address: 66 Winsor Ave |
| City: Johnston State: RI Zip: 02919 | City: Johnston State: RI Zip: 02919 |
| **Secretary Name** | **Treasurer Name** |
| Joyce Scopelliti | Diane Scopelliti |
| Street Address: 66 Winsor Ave | Street Address: 66 Winsor Ave |
| City: Johnston State: RI Zip: 02919 | City: Johnston State: RI Zip: 02919 |

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

| Director Name | Director Name |
|---|---|
| Diane Scopelliti | Joyce Scopelliti |
| Street Address: 66 Winsor Ave | Street Address: 66 Winsor Ave |
| City: Johnston State: RI Zip: 02919 | City: Johnston State: RI Zip: 02919 |
| Director Name: Vincent Scopelliti | Director Name: |
| Street Address: 391 Chestnut Hill Rd | Street Address: |
| City: Glocester State: RI Zip: 02814 | 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:**
**FOR SECRETARY OF STATE USE ONLY**

FILED
JUN 04 2015
BY 3214

**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: June 1, 2015

Diane Scopelliti
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
121540-1-1037066