RI SOS Filing Number: 201562476450 Date: 06/04/2015 4:00 PM

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
789221	**The Empawthy Project**
3. State of Incorporation: **RI**	4. Brief description of the character of business conducted in Rhode Island: **To enrich human life through animal interaction.**

5. Principal office address	City	State	Zip
84 Slater Avenue	**Providence**	**RI**	**02906**

6. LIST ALL DIRECTORS (NAMES AND ADDRESSES). (IF BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Beverly Wright	~~Joseph Szrok~~
Street Address: **84 Slater Avenue**	Street Address: ~~11 Apthrop Street~~
City: **Providence** / State: **RI** / Zip: **02906**	City: ~~Quincy~~ / State: ~~MA~~ / Zip: ~~02170~~
Secretary Name	Treasurer Name
Street Address	Street Address
City / State / Zip	City / State / Zip

2015 JUN -4 PM 2:42 SECRETARY OF STATE CORPORATIONS

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
Pamela Cardillo	**Elaine Mondillo**
Street Address: **181 Chace Avenue**	Street Address: **46 Tenth Street**
City: **Providence** / State: **RI** / Zip: **02906**	City: **Providence** / State: **RI** / Zip: **02906**
Director Name	Director Name: Joseph Szrok
Street Address	Street Address: 11 Apthrop St
City / State / Zip	City: Quincy / State: MA / Zip: 02170

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 250224
KM

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.

Beverly Wright 5/20/15
Signature of Officer or Authorized Representative — Date

Beverly Wright
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
121560-1-1036677