



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Non-Profit
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000788483

2. Name of Corporation PetSmart Associate Assistance Foundation

3. State of Incorporation

State: AZ

4. Corporate Address in Rhode Island

No. and Street: 19601 N. 27TH AVENUE

City or Town: PHOENIX, AZ

State: RI Zip: 85027 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 19601 NORTH 27TH AVE

City or Town: PHOENIX State: AZ Zip: 85027 Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROVIDE DISASTER RELIEF AND EMERGENCY HARDSHIP RELIEF PAYMENTS TO EMPLOYEES OR FAMILY MEMBERS OF PETSMART INC

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	CHRISTINE KLINE	19601 NORTH 27TH AVE PHOENIX, AZ 85027 USA
SECRETARY	JEREMIAH BEITZEL	19601 NORTH 27TH AVE PHOENIX, AZ 85027 USA
VICE PRESIDENT	KATHY SKOLD-SMITH	19601 NORTH 27TH AVE PHOENIX, AZ 85027 USA
DIRECTOR	PAULETTE R. DODSON	19601 NORTH 27TH AVE

		PHOENIX, AZ 85027 USA
DIRECTOR	ERICK GOLDBERG	19601 NORTH 27TH AVE PHOENIX, AZ 85027 USA
DIRECTOR	BRYAN MCCORMICK	19601 NORTH 27TH AVE PHOENIX, AZ 85027 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 5 Day of June, 2015 at 12:24:28 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MICHELLE DONATO
Signature of Authorized Person

Form No. 631
Revised 09/07

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