



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. 26471		2. Exact name of the Corporation Animal Rescue League of Southern Rhode Island			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Animal Shelter			
5. Principal office address 506B Curtis Corner Rd			City Peace Dale	State RI	Zip 02883
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Douglas Rubinstein			Vice-President Name Michele Vidmar		
Street Address 9 Cedar Meadows Rd			Street Address 51 Millstone Rd		
City Charlestown	State RI	Zip 02813	City Wakefield	State RI	Zip 02879
Secretary Name Darlene Trott			Treasurer Name Michael Young		
Street Address 415 Brookline Drive			Street Address 175 Ticonderoga Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02889
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Kurt Jamiel			Director Name Julia Boss		
Street Address 44 Church Street			Street Address 179 Westcote Drive		
City Warren	State RI	Zip 02885	City Wakefield	State RI	Zip 02879
Director Name Denny Denelle			Director Name Thomas Gulluscio		
Street Address 180 Hampton Way			Street Address 6 Evergreen Drive		
City Wakefield	State RI	Zip 02879	City Westerly	State RI	Zip 02891
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

File Date _____

Check No _____ **JUN 17 2015**

By: _____

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.

Tammy B. Walter June 15, 2015
 Signature of Officer or Authorized Representative Date

Tammy B. Walter
 Print or Type Name of Officer or Authorized Representative

Corporate ID No. 26471

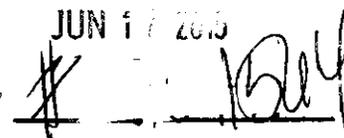
Additional Animal Rescue League of Southern Rhode Island Directors:

Deb Elliott
2 Red Cross Avenue
Newport, RI 02840

FILED

JUN 17 2015

BY

A handwritten signature in black ink, appearing to be 'Deb Elliott', written over a horizontal line.