



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

**Non-Profit Corporation
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. 000115573

2. Name of Corporation Born To Be Wild Nature Center

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 45 VARS LANE

City or Town: BRADFORD

State: RI

Zip: 02808

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

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

TO CARE FOR INJURED, SICK AND/OR ORPHANED WILDLIFE FOR THE PRIMARY PURPOSE OF RETURNING THEM TO THEIR NATURAL HABITAT. TO EDUCATE THE PUBLIC OF THE IMPORTANCE OF MAINTAINING NATURAL HABITATS FOR EXISTING WILDLIFE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	LYNDA WILKIE	2465 TEN ROD RD EXETER, RI 02822 USA

SECRETARY	JOHN M MAXSON	45 VARS LANE BRADFORD, RI 02891 USA
PRESIDENT	VIVIAN G MAXSON	45 VARS LANE BRADFORD, RI 02808- USA
VICE PRESIDENT	JOHN M MAXSON	45B VARS LANE BRADFORD, RI 02808 USA
DIRECTOR	CHRISTOPHER CABRAL	10 HOPKINS HOLLOW BRADFORD, RI 02808 USA
DIRECTOR	JENNIFER CABRAL	10 HOPKINS HOLLOW BRADFORD, RI 02808 USA
DIRECTOR	ROLAND HEMOND	2465 TEN ROD RD EXETER, RI 02822 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**

JOHN M. MAXSON 45 VARS LANE BRADFORD , RI 02808

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

Signed this 18 Day of June, 2015 at 6:23:06 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 VIVIAN G MAXSON
Signature of Authorized Person

Form No. 631
Revised 09/07