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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
147414	LINCOLN FRIENDS OF ANIMALS, INC.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	To promote charitable activities and fundraising to provide for an animal shelter and physical plant for the care of animals of all kinds.

5. Principal office address	City	State	Zip
2 CREST DRIVE	LINCOLN	RI	02865

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

President Name	Street Address	City	State	Zip
MARIE T. GORMAN	2 CREST DRIVE	LINCOLN	RI	02865

Vice-President Name	Street Address	City	State	Zip
THOMAS F. FAY	22 CARRIAGE DRIVE	LINCOLN	RI	02865

Secretary Name	Street Address	City	State	Zip
JANE GRANT	100 NEWELL DRIVE	CUMBERLAND	RI	02864

Treasurer Name	Street Address	City	State	Zip
MARIE T. GORMAN	2 CREST DRIVE	LINCOLN	RI	02865

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

Director Name	Street Address	City	State	Zip
MARIE T. GORMAN	2 CREST DRIVE	LINCOLN	RI	02865

Director Name	Street Address	City	State	Zip
THOMAS J. FAY	22 CARRIAGE DRIVE	LINCOLN	RI	02865

Director Name	Street Address	City	State	Zip
JANE GRANT	100 NEWELL DRIVE	CUMBERLAND	RI	02864

Director Name	Street Address	City	State	Zip
RICHARD THIBADEAU	391 RIVER ROAD	LINCOLN	RI	02864

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 19 2015

BY 1099

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.

Marie T. Gorman 6/11/15

Signature of Officer or Authorized Representative Date

MARIE T. GORMAN - PRESIDENT

Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
122181-2-1044414

LINCOLN FRIENDS OF ANIMALS, INC.

Addendum to 2015 Annual Report

ID# 147414

DIRECTORS (Continued)

CLAUDIA GAULIN
120 MIRICK AVENUE
CRANSTON, RI 02920

KELLY A. FAY
22 CARRIAGE DRIVE
LINCOLN, RI 02865

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JUN 19 2015

BY 147414