RI SOS Filing Number: 201564069830 Date: 06/30/2015 3:50 PM

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. 000485761

2. Name of Corporation Mutts4Rescue, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 1045 WARWICK AVENUE, SUITE 202
City or Town: WARWICK State: RI Zip: 02888 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

OPERATING AN ANIMAL RESCUE ALONG WITH ALL OTHER LAWFUL BUSINESS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
PRESIDENT	BETHANY HICKEY	1045 WARWICK AVENUE, SUITE 202 WARWICK, RI 02888 USA
TREASURER	BETHANY HICKEY	633 PARK AVE PORTSMOUTH , RI 02871 USA
DIRECTOR	BETHANY HICKEY	PO BOX 509, 633 PARK AVENUE

0-5673-0

		PORTSMOUTH, RI 02871 USA
DIRECTOR	LORI GARVEY	39 CEDAR HILL HOLBROOK , M 02343 USA
DIRECTOR	BARBARA SCHOONMAKER	12 SEMINOLE WAY BLOOMFIELD, CT 06002 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

EVERETT PETRONIO, JR. ESQ. 931 JEFFERSON BOULEVARD, SUITE 2004 WARWICK , RI 02886

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

Signed this 30 Day of June, 2015 at 3:52:00 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 /S/ EVERETT PETRONIO, JR., ESQ.
Signature of Authorized Person

Form No. 631
Revised 09/07

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