



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.** 000958383

**2. Name of Corporation** SAVE ONE SOUL ANIMAL RESCUE LEAGUE

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: PO BOX 498  
City or Town: WAKEFIELD State: RI Zip: 02880 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**

RESCUE AND REHABILITATE ANIMALS TO MAKE THEM AVAILABLE FOR ADOPTION AS WELL AS PROVIDE EDUCATION AND AWARENESS TO THE PUBLIC REGARDING ANIMAL WELFARE

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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
DIRECTOR	HEIDI DURAND-LENZ	54 TANGLEWOOD DRIVE WEST WARWICK, RI 02893 USA
DIRECTOR	EMMA DAWLEY	33 PROSPECT AVENUE, #1R

		WAKEFIELD, RI 02852 USA
DIRECTOR	LOUISE ANDERSON NICOLOSI	160 CLEARVIEW ROAD CHARLESTOWN, RI 02813 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**

EMMA DAWLEY 33 PROSPECT AVENUE #1 R WAKEFIELD , RI 02852

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

*Signed this 3 Day of July, 2015 at 12:36:56 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 EMMA DAWLEY  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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