



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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 MAR - 3 PM 1:36

1. Entity ID No. 000924599		2. Exact name of the Corporation No Name Dog Foundation			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Dog Rescue			
5. Principal office address c/o 931 Jefferson Boulevard, Suite 2004		City Warwick		State RI	Zip 02886
6. LIST <u>ALL</u> OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Alisha Kutzler		Vice-President Name Kelly Havican			
Street Address 138 Church Street		Street Address 4 Hill Farm Road			
City Bradford	State RI	Zip 02808	City Coventry	State RI	Zip 02816
Secretary Name Brandon Denault		Treasurer Name Paul Whitfield			
Street Address 4 Hill Farm Road		Street Address 110 Ellison Street			
City Coventry	State RI	Zip 02816	City Cranston	State RI	Zip 02920
7. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Alisha Kutzler		Director Name Kelly Havican			
Street Address 138 Church Street		Street Address 4 Hill Farm Road			
City Bradford	State RI	Zip 02808	City Coventry	State RI	Zip 02816
Director Name Brandon Denault		Director Name Paul Whitfield			
Street Address 4 Hill Farm Road		Street Address 110 Ellison Street			
City Coventry	State RI	Zip 02816	City Cranston	State RI	Zip 02920
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 _____

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.

Signature of Officer or Authorized Representative

Date

Kelly Havican
Print or Type Name of Officer or Authorized Representative