

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.	Exact name of the Corporation			
972449	BT EFIN	E RESCUE		
110111	4. Brief description of the character of			
State of Incorporation			10 E E	0 1115
7 -		CUE PROVIDES C		
BL	AND KITTENS IN	NEED, PAUVIDE SI		
5. Principal office address	4 / -	City	State	Zip 02816
14 HELEN	AUC WES AND ADDRESSES) ("X" BOX FOR A	COVENIRY	/ L	00310
	VIES AND ADDRESSES) ("X" BOX FOR A	ATTACHMENT)		
President Name		Vice-President Name		
DAWN ANOLEWS		SHAWNA ANDREWS		
Street Address 14 HELEN AUE City City CUVENTRY RT 02816		Street Address 14 HKLEN AVE City State Zip COVENIKY KI 02816 Treasurer Name		
19 4ECE	N AVE	14 HELEN	State	Zin
COVENTRY	RT 01816	COVENDEY	RI RI	02816
Secretary Name		Treasurer Name		
TAKA LACAILLADE		MICHAEL ANDREWS		
Street Address		Street Address		
12 EARL	STREET	14 HELEN A	UE	
! City	State Zip	City COVENTRY	State	Zip
W WAKWICK	RI 02816	COVENIRY	KI	02816
7. LIST ALL DIRECTORS (NA	AMES AND ADDRESSES). RHODE ISLA	ND CORPORATIONS MUST LIST N	O LESS THAN T	HREE (3) DIRECTORS
("X" BOX FOR ATTACHME	ENT) 🗌			
Director-Name		Director Name		
DAUN ANOLEWS		MICHAEL ANDREWS		
Street Address		Street Address 14 HELEN AVENUE City State Zip CD VENDLY KI 028160		
14 HELKA	J AVENUE	19 HELEN,	AUENUE	
City CALLERY	State Zip OAS16	City CDVENDY	State	028110
Director Name	RE 00016	Director Name		1003.0
		TARA LACAILLADE		
SHAWA ANONEWS Street Address		Street Address		
14 Haire	1 MENLY.	12 FARL S	REET	
City	J AVENJE State Zip	City W. WARWICK	State	Zip
ONE NICK	State Zip KI U281 W	Lil innounce	RI	02816
8. REGISTERED AGENT IN R	HUDE ISLAND	10 WHILLIAM		
	of record in the Office of the Secretary	of State Changes require filing Fo	rm 641.	
	either the President, Vice-President, Secre			oresentative Receiver
rnis report must be signed by a or Trustee	sililer the Freshdern, vice-Freshdern, Oecre	iary, Assistan Occiotary, Trousuros, o	ony manional control	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
o, mades				
		Under penalty of perjury, I de this report, including any act	clare and affirm	that I have examined equipe and statements
File Date		and that all statements conta	ined herein are	true and correct.
Check No.			1 .	7/
TOTE WAR 25 AM 10		MURMS	4ndrei	WA /9/
ьу:	FILED	Signature of Officer or Authoriz	ed Representativ	e Date
SOR SECRETARY OF STAT	TE USE ONLY			
TZ FO Y BAT BRO F S	MAR 2 5 2016	DAWN M AND	AUN M ANDREWS	
ELTANO BOT BY	INCH Z & COID	Print or Type Name of Officer of	r Authorized Rep	resentative
Revised: 04/2014	^ - 4	· · · · · · · · · · · · · · · · · · ·	•	
	By 2086	9		
	— <u> </u>			