RI SOS Filing Number: 201696394480 Date: 05/02/2016 10:37 AM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | **Email:** corporations@sos.ri.gov | **Website:** www.sos.ri.gov

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CORPORATIONS DIV
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Non-Profit Corporation Annual Report for the year: 2015

Filing period: June 1 - June 30
Filing Fee: $20.00 ***FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation
000919441	Wigglebutts, Inc.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	Animal rescue

5. Principal Office Address	City	State	Zip
2 Adler Court	Warwick	RI	02886

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Johnna Villegas			Vice-President Name: Richard Chouinard		
Street Address: 2 Adler Court			Street Address: 20284 Tralee Drive		
City: Warwick	State: RI	Zip: 02886	City: Port Charlotte	State: FL	Zip: 33952
Secretary Name: Desiree Magnifico			Treasurer Name: Justine Franklin		
Street Address: 152 Washington Avenue			Street Address:		
City: Somerset	State: MA	Zip:	City: Newton	State: NJ	Zip: 07860

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name: Johnna Villegas			Director Name: Richard Chouinard		
Street Address: 2 Adler Court			Street Address: 20284 Tralee Drive		
City: Warwick	State: RI	Zip: 02886	City: Port Charlotte	State: FL	Zip: 33952
Director Name: Desiree Magnifico			Director Name:		
Street Address: 152 Washington Avenue			Street Address:		
City: Somerset	State: MA	Zip:	City:	State:	Zip:

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative	Date
Johnna Villegas	4/28/16

Signature of Officer/Authorized Representative: Johnna Villegas SIGN DOCUMENT HERE

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MAY 02 2016
By 273363

Form No. 631
Revised: 2016

136463-2-1072319

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