



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Domestic Non-Profit  
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2015

**1. Corporate ID No.** 000875118

**2. Name of Corporation** Northbound Pound Puppies

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: PO BOX 4676  
City or Town: MIDDLETOWN State: RI Zip: 02842 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**

TO SAFELY AND RESPOSIBLY RESCUE HOMELESS ANIMALS PARTICULARLY FROM THE SOUTH AND FIND THEM LOVING FOREVER HOMES MAINLY IN THE NORTH

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	NICOLE BARNES	3477 DEER TRACK DRIVE SEMMES, AL 36575 USA
DIRECTOR	MAIA CHRUPCALA	741 W MAIN RD MIDDLETOWN , RI 02842 USA
DIRECTOR	BRIDGET COEN	PO BOX 4676 MIDDLTETOWN, RI 02842 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**

MAIA CHRUPCALA 741 WEST MAIN RD MIDDLETOWN , RI 02842

**Signed this 11 Day of May, 2016 at 12:14:36 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 MAIA CHRUPCALA  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

