



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

Foreign Non-Profit
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: 2016

1. Corporate ID No. 000025211

2. Name of Corporation Friends of Animals, Inc.

3. State of Incorporation

State: NY

4. Corporate Address in Rhode Island

No. and Street: 777 POST RD STE 205

City or Town: DARIEN

State: RI Zip: 06820 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 777 POST RD

STE 205

City or Town: DARIEN

State: CT Zip: 06820 Country: US

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

ANIMAL PROTECTION CHARITY AND LOW-COST SPAY/NEUTER PROGRAM

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	PRISCILLA FERAL	777 POST ROAD SUITE 205 DARIEN, CT 06820- USA
SEC/TREAS	SALLY MALANGA	50 CHURCH ST. MONTCLAIR, NJ 07042 USA
DIRECTOR	PAMELA MCKENNA	36 DOLPHIN PT LN HILTON HEAD, SO 29926 US
DIRECTOR	PRISCILLA FERAL	777 POST ROAD SUITE 205 DARIEN, CT 06820 USA

DIRECTOR	SALLY MALANGA	50 CHURCH ST MONTCLAIR, NJ 07042 USA
DIRECTOR	BRAY CREECH	34 KENDALL ST ASHEVILLE, NC 28806 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**

PRENTICE-HALL CORP SYSTEM 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

Signed this 13 Day of May, 2016 at 11:46:18 AM 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 BOB ORABONA
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations
All Rights Reserved