



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 2016

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. <b>1099748</b>		2. Exact name of the Corporation <b>Warren Animal Hospital Shelter and Stray Animal Program</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>To test, treat, shelter and adopt to new homes animals which may have been brought to us by owners no longer wanting or able to care for their pets or to do the same for stray owner-unknown animals and related activities.</b>			
5. Principal office address <b>581 Metacom Avenue</b>		City <b>Warren</b>		State <b>RI</b>	Zip <b>02885</b>
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Richard M. Mello, D.V.M. Incorporator</b>			Vice-President Name		
Street Address <b>581 Metacom Avenue</b>			Street Address		
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <b>Jody Mello-Brooks, D.V.M.</b>			Director Name <b>Ilse G Bickford, D.V.M.</b>		
Street Address <b>14 Katie Drive</b>			Street Address <b>14 Virginia Avenue</b>		
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
Director Name <b>Janet W Bowden</b>			Director Name		
Street Address <b>170 Walker Street</b>			Street Address		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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

File Date \_\_\_\_\_  
Check No \_\_\_\_\_  
By \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

**FILED**  
MAY 16 2016  
1561

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.

*Richard M. Mello, D.V.M.* 5/11/16  
Signature of Officer or Authorized Representative Date

**Richard M. Mello, D.V.M.**

Print or Type Name of Officer or Authorized Representative