



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

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

Fee: \$20.00

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**Non-Profit Corporation**  
**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.*

[?](#)  
 Help with this form

<b>ANNUAL REPORT YEAR:</b> <u>2016</u>			
<b>1. Corporate ID No.</b> <u>000139685</u>			
<b>2. Name of Corporation</b> <u>Smith &amp; Agli's Potbelly Manor, Inc.</u>			
<b>3. State of Incorporation</b>  State: <u>RI</u>			
<b>4. Corporate Address in Rhode Island</b>  No. and Street: <u>401 TEN ROD ROAD</u>  City or Town: <u>NORTH KINGSTOWN</u> State: <u>RI</u> Zip: <u>02852</u> Country: <u>USA</u>			
<b>5. Foreign Corporation. Enter Principal Office Address</b>  No. and Street:  City or Town:    State:                      Zip:                      Country:			
<b>6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island</b>  <u>ANIMAL RESCUE AND PLACEMENT OF ANIMALS</u>			
<b>7. Names and Addresses of the Officers and Directors:</b>  All officers and directors must be listed. If officers and/or directors <u>have been elected, the rule</u> Incorporator is no longer applicable; please delete  <small>THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23</small>			
Delete	<b>Title</b>	<b>Individual Name</b> <small>First, Middle, Last, Suffix</small>	<b>Address</b> <small>Address, City or Town, State, Zip Code, Country</small>
-	SECRETARY	TRACY MURPHY	34 LANCELOTTA ST

**FILED** *or*  
**MAY 18 2016**  
1525

W WARWICK , RI 02893 USA

PRESIDENT AUDREY A AGLI

401 TEN ROD ROAD  
NORTH KINGSTOWN, RI 02852- USA

VICE PRESIDENT ELIZABETH M SMITH

401 TEN ROD ROAD  
N. KINGSTOWN, RI 02852

DIRECTOR TRACY MURPHY

34 LANCELOTTA STREET  
WEST WARWICK, RI 02888 USA

DIRECTOR AUDREY A AGLI

401 TEN ROD ROAD  
N KINGSTOWN, RI 02852 USA

DIRECTOR ELIZABETH M SMITH

401 TEN ROD ROAD  
N. KINGSTOWN, RI 02852 USA

Select From Below  Title:

First Name:

Middle Name:

Last Name:

Suffix:

Address:

City:

State:

Zip:

Country:

Clear

Add

**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**

AUDREY AGLI 401 TEN ROD ROAD NORTH KINGSTOWN , RI 02852

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

**Filer's Contact Information**

(Enter a contact name, mailing address and email.)

Contact Name: Audrey AGLI  
Business Name: Smith + Aglis Outbelly Manor  
No. and Street: 401 Ten Rod Rd

- Same Address as -



City or Town: N.K. State: RI Zip: 02852 Country:

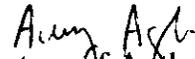
Contact Phone: 295-4241 ext:

Contact Email: cowcard2015@yahoo.com

Clear

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

**Signed this 16 Day of May, 2016 at 9:24:59 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   
Signature of Authorized Person

By selecting **ACCEPT** you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-6. You hereby agree that any legal issues or causes of action arising from the submission of this filing will be litigated under the statutes and common

**Accept**

**Decline**

[Click HERE to Submit This Information](#)

Form No. 631  
Revised 09/07

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