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

Non-Profit Corporation Annual Report for the year: 2016

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		
37514	**BARRINGTON SERVICES FOR ANIMALS**		
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island		
RHODE ISLAND	To provide food and shelter and other services to animals and to do all things incidental thereto.		
5. Principal Office Address	City	State	Zip
147 Bay Spring Avenue, Apt. 211	**Barrington**	**RI**	**02806**

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

President Name **Janet M. Stone**			Vice-President Name **Vacant**		
Street Address **147 Bay Spring Avenue, Apt. 211**			Street Address		
City **Barrington**	State **RI**	Zip **02806**	City	State	Zip
Secretary Name **Jean Burke**			Treasurer Name **Ken Turn**		
Street Address **8 Linden Road**			Street Address **4 Rustwood Drive**		
City **Barrington**	State **RI**	Zip **02806**	City **Barrington**	State **RI**	Zip **02806**

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

Director Name **Janet M. Stone**			Director Name **Ken Turn**		
Street Address **147 Bay Spring Avenue, Apt. 211**			Street Address **4 Rustwood Drive**		
City **Barrington**	State **RI**	Zip **02806**	City **Barrington**	State **RI**	Zip **02806**
Director Name **Jean Burke**			Director Name		
Street Address **8 Linden Road**			Street Address		
City **Barrington**	State **RI**	Zip **02806**	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
Janet M. Stone	5/19/16

Signature of Officer/Authorized Representative
Janet M. Stone SIGN DOCUMENT HERE

FILED
MAY 24 2016
36785

Form No. 631
Revised: 2016