



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			
790074		Friends of Exeter Animals, Inc.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		To provide financial support to animals including at shelter. Fundraising activities.			
5. Principal Office Address		City	State	Zip	
PO Box 302		Exeter	RI	02822	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Joyce Bastien		Vice-President Name Francine Knowles			
Street Address 320 Yawgoo Valley Road		Street Address 23 Crestmont Dr			
City Exeter	State RI	Zip 02822	City Carolina	State RI	Zip 02812
Secretary Name Lori O'Brien		Treasurer Name Deana Dolan			
Street Address 629 Roland Dr		Street Address 220 Liberty Rd			
City W. Greenwich	State RI	Zip 02817	City Exeter	State RI	Zip 02822
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Rebecca Wright		Director Name Wade Matook			
Street Address 216 Liberty Lane		Street Address 157 Liberty Rd.			
City W. Kingston	State RI	Zip 02892	City Exeter	State RI	Zip 02822
Director Name Nina Fleming		Director Name Shauna Dolan			
Street Address 33 Evergreen Dr		Street Address 466 Ten Rod Road			
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
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	
Deana Dolan				6-1-16	
Signature of Officer/Authorized Representative					

FILED

JUN 06 2016

BY

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