



**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 790074	2. Exact name of the Corporation Friends of Exeter Animals, Inc.				
3. State of Incorporation RI	4. Brief description of the character of business conducted in Rhode Island To provide financial support to animals including at shelter. Fundraising activities.				
5. Principal Office Address PO Box 302			City Exeter	State RI	Zip 02822
6. List ALL officers (names and addresses)			Check the box to indicate an attachment <input type="checkbox"/>		
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. Check the box to indicate an attachment <input type="checkbox"/>					
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.					
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 Deana Dolan					Date 6-1-16
Signature of Officer/Authorized Representative Deana Dolan					

FILED

JUN 06 2016

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