RI SOS Filing Number: 201600719880 Date: 06/15/2016 4:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
138311	**Friends of Animals in Need**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
R.I.	**Provide medical care for pets in need**

5. Principal Office Address	City	State	Zip
105 Narragansett St.	**North Kingstown**	**R.I.**	**02852**

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

President Name **Russell R. Shabo**			Vice-President Name **Linda Cloutier**		
Street Address **105 Narragansett St.**			Street Address **9 Lindley Ave.**		
City **North Kingstow**	State **R.I.**	Zip **02852**	City **North Kingstown**	State **R.I.**	Zip **02852**
Secretary Name **Julie Faria**			Treasurer Name **Russel R. Shabo**		
Street Address **777 Shermantown Rd.**			Street Address **105 Narragansett St.**		
City **Saunderstown**	State **R.I.**	Zip **02874**	City **North Kingstown**	State **R.I.**	Zip **02852**

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

Director Name **Russell R. Shabo**			Director Name **Linda Cloutier**		
Street Address **105 Narragansett St.**			Street Address **9 Lindley Ave.**		
City **North Kingstown**	State **R.I.**	Zip **02852**	City **North Kingstown**	State **R.I.**	Zip **02852**
Director Name **Julie Faria**			Director Name		
Street Address **777 Shermantown Rd.**			Street Address		
City **Saunderstown**	State **R.I.**	Zip **02852**	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
Russell R. Shabo	**June 9, 2016**

Signature of Officer/Authorized Representative

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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JUN 15 2016
BY 670

FORM 631 - Revised: 05/2016