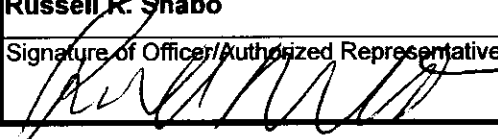




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 138311		2. Exact name of the Corporation Friends of Animals in Need	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island Provide medical care for pets in need	
5. Principal Office Address 105 Narragansett St.		City North Kingstown	State R.I.
		Zip 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 Kingstown	State R.I.	City North Kingstown	State R.I.
Zip 02852		Zip 02852	
Secretary Name Julie Faria		Treasurer Name Russell R. Shabo	
Street Address 777 Shermantown Rd.		Street Address 105 Narragansett St.	
City Saunders town	State R.I.	City North Kingstown	State R.I.
Zip 02874		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.	City North Kingstown	State R.I.
Zip 02852		Zip 02852	
Director Name Julie Faria		Director Name	
Street Address 777 Shermantown Rd.		Street Address	
City Saunders town	State R.I.	City	State
Zip 02852		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 Russell R. Shabo			Date 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

FILED *or*
JUN 15 2016
670