



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 <u>484548</u>		2. Exact name of the Corporation <u>RESIDENTS UNITED FOR FURRY FRIENDS, INC.</u>	
3. State of Incorporation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>HELPING ANIMALS IN NEED</u>	
5. Principal Office Address <u>P.O. Box 568</u>		City <u>WARREN</u>	State <u>RI</u>
		Zip <u>02885</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>MICHAEL BRIGGS</u>		Vice-President Name <u>KAREN LYACH</u>	
Street Address <u>12 ASYLUM RD</u>		Street Address <u>22 DEER RUN RD.</u>	
City <u>WARREN</u>	State <u>RI</u>	City <u>BRISTOL</u>	State <u>RI</u>
Zip <u>02885</u>		Zip <u>02809</u>	
Secretary Name <u>TINA LEOCADIO</u>		Treasurer Name <u>ANNA PALMIERI</u>	
Street Address <u>2 BOTTERWORTH DR.</u>		Street Address <u>53 BETH AVE</u>	
City <u>WARREN</u>	State <u>RI</u>	City <u>WARREN</u>	State <u>RI</u>
Zip <u>02885</u>		Zip <u>02885</u>	
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 <u>CJ AUDET KELLY</u>		Director Name <u>DEIDRA JULIAN</u>	
Street Address <u>17 BRADBURY ST</u>		Street Address <u>71 WASHINGTON ST</u>	
City <u>WARREN</u>	State <u>R.I.</u>	City <u>WARREN</u>	State <u>RI</u>
Zip <u>02885</u>		Zip <u>02885</u>	
Director Name <u>DONNA OLIVO</u>		Director Name	
Street Address <u>185 BAYVIEW AVE</u>		Street Address	
City <u>BRISTOL</u>	State <u>RI</u>	City	State
Zip <u>02809</u>		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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <u>ANNA M PALMIERI</u>			Date <u>6/</u>
Signature of Officer/Authorized Representative <u>Anna M Palmieri</u>			

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
 JUN 15 2016
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