



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 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 2014

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

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|--|--------------------|---|--|--------------------|---------------------|
| 1. Entity ID No. 484739 | | 2. Exact name of the Corporation PAWS FOR CHANGE, INC. | | | |
| 3. State of Incorporation RI | | 4. Brief description of the character of business conducted in Rhode Island Pairing high risk individuals with shelter dogs in order to promote positive change in the participants and the dogs. | | | |
| 5. Principal office address PO Box 1834 | | City East Greenwich | | State RI | Zip 02818 |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name Audrey Elman | | | Vice-President Name Audrey Elman | | |
| Street Address PO Box 1834 | | | Street Address PO Box 1834 | | |
| City EG | State RI | Zip 02818 | City EG | State RI | Zip 02818 |
| Secretary Name Brandon Lane | | | Treasurer Name Brandon Lane | | |
| Street Address PO Box 1834 | | | Street Address PO Box 1834 | | |
| City EG | State RI | Zip 02818 | City EG | State RI | Zip 02818 |
| 7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name Audrey Elman | | | Director Name Brandon Lane | | |
| Street Address PO Box 1834 | | | Street Address PO Box 1834 | | |
| City EG | State RI | Zip 02818 | City EG | State RI | Zip 02818 |
| Director Name Arthur Izzo | | | Director Name | | |
| Street Address PO Box 1834 | | | Street Address RI | | |
| City EG | State RI | Zip 02818 | City | State | Zip |
| 8. REGISTERED AGENT IN RHODE ISLAND | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641. | | | | | |

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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JUN 20 2016

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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.

Audrey Elman Pres 6/13/16
 Signature of Officer or Authorized Representative Date

Audrey Elman, President

Print or Type Name of Officer or Authorized Representative