



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.

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

FILED

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