State of	of Rhode Island and Pro		Fee: \$20.00	
Office of the Secretary of State				
Division Of Business Services 148 W. River Street				
	Providence RI 02904-2615			
HOPE	(401) 222-304	40		
Non-Profit Corporation				
Annual Report Filing Period: June 1 - June 30				
In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual				
report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of				
\$25.00.				
ANNUAL REPORT YEAR: 2016				
1. Corporate ID No. 000074230				
2. Name of Corporation Wildlife Rehabilitators Association of Rhode Island				
3. State of Incorporation				
State: <u>RI</u>				
4. Corporate Address in Rhode Island				
No. and Street: 240 SHERMANTOWN ROAD				
City or Town: SAUNDERSTOWN State: RI Zip: 02874 Country: USA				
5. Foreign Corporation. Enter Principal Office Address				
No. and Street:				
City or Town: State: Zip: Country:				
6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island				
TO PROMOTE COMMUNICATION AND DISSEMINATION OF INFORMATION AMONG				
THE WILDLIFE REHABILITATION COMMUNITY.				
7. Names and Addresses of the Officers and Directors:				
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete				
THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L.				
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23				
Title	Individual Name	Address		
	First, Middle, Last, Suffix	Address, City or Town, State, Zip C	ode, Country	
TREASURER	NATALIE DARMOHRAJ	14 IMPERIAL PLA PROVIDENCE, RI 02903 U	-	
SECRETARY	ELLEN BALASCO	195 DEER RIDGE D SAUNDERSTOWN, RI 02874		

CHAIR	LUCY SPELMAN	68 WARNER STREET NEWPORT, RI 02840 USA		
VICE CHAIR	JOSEPH MOREIRA	240 SHERMANTOWN RD SAUNDERSTOWN, RI 02874 USA		
DIRECTOR	KATHY LAMB	12 JUNIPER HILL DRIVE COVENTRY, RI 02816 USA		
DIRECTOR	JUDY IRELAND	58 NORTHBRIAR DRIVE NORTH KINGSTOWN, RI 02852 USA		
DIRECTOR	KAREN BINDER	11 POLI ST BRISTOL, RI 02809 USA		
DIRECTOR	CATHERINE WEAVER	1 MAURAN PLACE SOUTH KINGSTOWN, RI 02879 USA		
 9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee. Signed this 5 Day of July, 2016 at 3:19:18 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6. By LUCY SPELMAN, DVM Signature of Authorized Person 				
Form No. 631 Revised 09/07				
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