



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**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.** 000150540

**2. Name of Corporation** COMMUNITY CANINES FOR COMPANIONSHIP AND CARE

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 11 SALISBURY ROAD

City or Town: FOSTER

State: RI

Zip: 02825

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**

ORGANIZATION THAT IS COMMITTED TO SUPPORTING, GUIDING AND TEACHING  
CANINES AND THEIR GUARDIANS

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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. 7-6-23**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
CFO	KRISTINE K CARDARELLI	11 SALISBURY RD FOSTER, RI 02825 USA
PRESIDENT	PAULINE P SAMBAIN	11 SALISBURY ROAD FOSTER, RI 02825- USA

DIRECTOR	CLAIRE J SENECAI	13 DOUGLAS TER NO PROVIDENCE, RI 02904 USA
DIRECTOR	LISA C GOULD	11 SALISBURY RD FOSTER , RI 02825 USA
DIRECTOR	TINA SENECAI	33 DOUGLAS CIR GREENVILLE , RI 02828 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

LISA C. SAMBAIN 11 SALISBURY ROAD FOSTER , RI 02825

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

**Signed this 6 Day of July, 2016 at 9:38:34 AM 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 LISA C. SAMBAIN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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