RI SOS Filing Number: 201602570920 Date: 07/22/2016 4:00 PM

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	2. Exact name of the Corporation
26717	HUMANE SOCIETY
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RHODE ISLAND	PROMOTE THE HUMANE TREATMENT OF ALL ANIMALS

5. Principal Office Address	City	State	Zip
117 KENTLAND AVENUE	PROVIDENCE	R.I.	02908

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
FARRELL SYLVESTER	CHEN SUN
Street Address: 117 KENTLAND AVENUE	Street Address: 16 RUSSELL COURT
City: PROVIDENCE State: R.I. Zip: 02908	City: MALDEN State: MA. Zip: 02148
Secretary Name	**Treasurer Name**
AGUS MARSONO	FARRELL SYLVESTER
Street Address: APT. 30, 115 ST. STEPHEN ST.	Street Address: 117 KENTLAND AVENUE
City: BOSTON, State: MA. Zip: 02115	City: PROVIDENCE State: R.I. Zip: 02908

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
~~FARRELL SYLVESTER~~	AGUS MARSONO
Street Address: ~~117 KENTLAND AVENUE~~ 117 KENTLAND AVENUE	Street Address: APT. 30, 115 ST. STEPHEN ST.
City: PROVIDENCE State: R.I. Zip: 02908	City: BOSTON State: MA. Zip: 02115
Director Name	**Director Name**
CHEN SUN	
Street Address: 16 RUSSELL COURT	Street Address:
City: MALDEN State: MA. Zip: 02148	City: State: 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.

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

Name of Officer/Authorized Representative	Date
FARRELL SYLVESTER	JUNE 12, 2016

Signature of Officer/Authorized Representative: Farrell Sylvester SIGN DOCUMENT HERE

FILED

JUL 22 2016

BY CR 279745

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

140176-2-1141546

FORM 631 - Revised: 05/2016