



Department of State - Business Services Division

Annual Report for the year: **2017**

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 37514 | | 2. Exact name of the Corporation BARRINGTON SERVICES FOR ANIMALS | | | |
| 3. State of Incorporation RHODE ISLAND | | 5. Brief description of the character of business conducted in Rhode Island To provide food and shelter and other services to animals and to do all things incidental thereto. | | | |
| 4. NAICS Code 813319 - Other Social Advoc | | | | | |
| 6. Principal Office Address 147 Bay Spring Avenue, Apt. 211 | | | City Barrington | State RI | Zip 02806 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Janet M. Stone | | | Vice-President Name Vacant | | |
| Street Address 147 Bay Spring Avenue, Apt. 211 | | | Street Address | | |
| City Barrington | State RI | Zip 02806 | City | State | Zip |
| Secretary Name Jean Burke | | | Treasurer Name Ken Turn | | |
| Street Address 8 Linden Road | | | Street Address 4 Rustwood Drive | | |
| City Barrington | State RI | Zip 02806 | City Barrington | State RI | Zip 02806 |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Janet M. Stone | | | Director Name Ken Turn | | |
| Street Address 147 Bay Spring Avenue, Apt. 211 | | | Street Address 4 Rustwood Drive | | |
| City Barrington | State RI | Zip 02806 | City Barrington | State RI | Zip 02806 |
| Director Name Jean Burke | | | Director Name | | |
| Street Address 8 Linden Road | | | Street Address | | |
| City Barrington | State RI | Zip 02806 | City | State | Zip |
| 9. 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. | | | | | |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i> | | | | | |
| Name of Officer/Authorized Representative Janet M. Stone | | | | Date 6-1-17 | |
| Signature of Officer/Authorized Representative <i>Janet M. Stone</i> | | | | | |