Rhode Island and Providence Plantations

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	2. Exact name of the Corporation
37514	**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	City	State	Zip
147 Bay Spring Avenue, Apt. 211	**Barrington**	**RI**	**02806**

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

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 ☐

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.

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
Janet M. Stone	6-1-17

Signature of Officer/Authorized Representative: Janet M. Stone

JUN 6 2017

BY 37745

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