State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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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: 000037979	2. Exact name of the Corporation: PALS
3. State of Incorporation: R.I	5. Brief description of the character of business conducted in Rhode Island: Caring for Homeless Animals, Assisting Individuals with Pet Needs, Recycling title 7-6
4. NAICS Code: 212	

6. Principal Office Address	City	State	Zip
66 Winsor Avenue	Johnston	R.I	02919

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

President Name	Street Address	City	State	Zip
Diane Scopelliti	66 Winsor Avenue	Johnston	RI	02919

Vice-President Name	Street Address	City	State	Zip
Joyce Scopelliti	66 Winsor Ave	Johnston	RI	02919

Secretary Name	Street Address	City	State	Zip
Joyce Scopelliti	66 Winsor Ave	Johnston	RI	02919

Treasurer Name	Street Address	City	State	Zip
Diane Scopelliti	66 Winsor Ave	Johnston	RI	02919

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

Director Name	Street Address	City	State	Zip
Diane Scopelliti	66 Winsor Ave	Johnston	RI	02919

Director Name	Street Address	City	State	Zip
Joyce Scopelliti	66 Winsor Ave	Johnston	RI	02919

Director Name	Street Address	City	State	Zip
Vincent Scopelliti JR.	372 Chestnut Hill Rd	Glocster	RI	02816

Director Name	Street Address	City	State	Zip
N/A	N/A	N/A	N/A	N/A

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
Diane Scopelliti	6/10/17

Signature of Officer/Authorized Representative: [signature]

FILED
JUN 21 2017
BY 3370

MAIL TO:
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