



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year:  
Non-Profit Corporation

2015

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2017 OCT 13 AM 10:34

1. Entity ID Number 247641		2. Exact name of the Corporation Great Dane Rescue of New England	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Rescue & Rehabilitation of Great Danes In need for life changes	
4. NAICS Code			
6. Principal Office Address <del>33 Rhode Island St</del> 33 Rhode Island St		City Cranston	State RI
		Zip 02920	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Rachel Wilson		Vice-President Name Jeffrey Wilson	
Street Address 33 Rhode Island St		Street Address 33 Rhode Island St.	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Secretary Name Joelyn Eaton		Treasurer Name Joelyn Eaton	
Street Address 48 Mount View Drive		Street Address 48 Mount View Drive	
City Dunton	State Ma	City Dunton	State Ma
Zip 01510		Zip 01510	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Rachel Wilson		Director Name Jeffrey Wilson	
Street Address 33 Rhode Island St		Street Address 33 Rhode Island St.	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Director Name Joelyn Eaton		Director Name	
Street Address 48 Mount View Drive		Street Address	
City Dunton	State Ma	City	State
Zip 01510		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 10/10/17	
Signature of Officer/Authorized Representative <i>Jeffrey Wilson</i>		10/10/17	

FILED

OCT 13 2017

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

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 BY *[Signature]* 314725