



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

Annual Report for the year:

Non-Profit Corporation

2018

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

mailed 6/5/18
FILED

JUN 11 2018

BY

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1. Entity ID Number 750074		2. Exact name of the Corporation Friends of Exeter Animals, Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To provide financial support to animals, including at the shelter, fundraising activities.	
4. NAICS Code 813219			
6. Principal Office Address P.O. Box 302		City Exeter	State RI Zip 02822
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Joyce Bastien		Vice-President Name Francine Knowles	
Street Address 3916 Yaungoo Valley Rd.		Street Address 77 Malcolm Rd.	
City Exeter	State RI Zip 02822	City North Kingstown	State RI Zip 02852
Secretary Name Lori O'Brien		Treasurer Name Amy Almeida	
Street Address 629 Roland Drive		Street Address 33 Linden Lane	
City W. Greenwich	State RI Zip 02817	City W. Greenwich	State RI Zip 02817
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 Shawna Dolan		Director Name Nina Fleming	
Street Address 2416 Fairgrounds Rd.		Street Address 2375 26th Ave	
City W. Kingston	State RI Zip 02892	City San Francisco	State CA Zip 94116
Director Name Wade Matook		Director Name Rebecca Wright	
Street Address 157 Liberty Rd.		Street Address 216 Liberty Lane	
City Exeter	State RI Zip 02822	City W. Kingston	State RI Zip 02892
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 Amy Almeida			Date 6/5/18
Signature of Officer/Authorized Representative Amy Almeida			

MAIL TO:

Division of Business Services

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