



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

Annual Report for the year: 2018

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.

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1. Entity ID Number 000152739		2. Exact name of the Corporation Mobile Animal Safety Initiative, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island TO TAKE SUCH ACTIONS AS MAY BE NECESSARY OR INCIDENTAL TO THE PROTECTION OF ANIMALS			
4. NAICS Code 813312 - Environment, Cons					
6. Principal Office Address 83 Ferris Street			City Pawtucket	State RI	Zip 02861
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Renee Massie			Vice-President Name Michelle Howard		
Street Address 83 Ferris Street			Street Address 176 Cameron Street		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Sandra Nadeau			Treasurer Name		
Street Address 751 Rocky Hill road			Street Address		
City North Smithfield	State RI	Zip 02896	City	State	Zip
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 Renee Massie			Director Name Sabrina Grenier		
Street Address 83 Ferris Street			Street Address 83 Ferris Street		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Director Name Sandra Nadeau			Director Name		
Street Address 751 Rocky Hill Road			Street Address		
City North Smithfield	State RI	Zip 02896	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 Renee Massie				Date 4/25/2019	
Signature of Officer/Authorized Representative <i>Renee Massie</i>				FILED	

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