



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2020 JAN -9 PM 12:58

Annual Report for the year: 2019
 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. Entry ID Number 001489708		2. Exact name of the Corporation Rhode Island Rehoming Assistance for Dogs			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island rehoming unwanted dogs + funding their care while in rehoming process			
4. NAICS Code 812910					
6. Principal Office Address 143 Danielson Pike		City No Scituate	State RI	Zip 02857	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Michelle L Ziemba		Vice-President Name N/A			
Street Address 143 Danielson Pike		Street Address			
City Scituate	State RI	Zip 02857	City	State	Zip
Secretary Name Assistant Michelle L Ziemba		Treasurer Name			
Street Address 143 Danielson Pike		Street Address			
City Scituate	State RI	Zip 02857	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 checked="" type="checkbox"/>					
Director Name Michelle Ziemba		Director Name Amy David			
Street Address 143 Danielson Pike		Street Address 341 Ledge Rd			
City Scituate	State RI	Zip 02857	City Killingly	State CT	Zip 06241
Director Name Jeanette Coleman		Director Name			
Street Address 46 Plainfield Pike		Street Address			
City Foster	State RI	Zip 02885	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 Michelle L Ziemba				Date 1/9/2020	
Signature of Officer/Authorized Representative Michelle L Ziemba					

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 **POQWIKZ**