



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

1. Corporate ID No. 001337709

2. Name of Corporation The Abandoned Dogs of RI Rescue

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code
812910

4. Corporate Address in Rhode Island

No. and Street: 920 LAPHAM FARM ROAD
City or Town: MAPLEVILLE State: RI Zip: 02839 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:
City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

THE ABANDONED DOGS OF RI RESCUE IS A NON-PROFIT CORPORATION AND SHALL OPERATE EXCLUSIVELY FOR EDUCATIONAL AND CHARITABLE PURPOSES WITHIN THE MEANING OF SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. THE ABANDONED DOGS OF RI RESCUE'S PURPOSE IS TO ADDRESS THE PET OVER POPULATION BY RESCUING THE DOGS THAT ARE OWNER SURRENDERED IN RHODE ISLAND. THESE DOGS WOULD OTHERWISE GO INTO THE LOCAL ANIMAL SHELTER AND BE AT RISK

FOR EUTHANASIA. OFTEN TIMES RESCUE ORGANIZATIONS ARE UNABLE TO TAKE IN OWNER SURRENDERED DOGS BECAUSE THEY HAVE REACHED CAPACITY FROM DOGS IN THE SOUTH. THUS, WE AID THE OTHER RESCUES IN RHODE ISLAND AND THE GOVERNMENT FUNDED SHELTERS. WE WILL ALSO BE PROVIDING EDUCATIONAL PROGRAMS SUCH AS PET CPR CLASSES AND HOLD FUNDRAISING EVENTS TO PROVIDE THE NECESSITIES FOR THE DOGS UNDER OUR CARE. AT TIMES, PER THE DISCRETION OF THE BOARD OF DIRECTORS, WE MAY PROVIDE INTERNSHIPS OR VOLUNTEER OPPORTUNITIES WHICH WILL PROVIDE OPPORTUNITIES FOR INVOLVEMENT IN SAID ACTIVITIES AND PROGRAMS IN ORDER TO HAVE A GREATER IMPACT FOR CHANGE.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
SECRETARY	ERIKA LYNN DANIELSON	920 LAPHAM FARM ROAD MAPLEVILLE, RI 02839 USA
DIRECTOR	ALYSSA JANICE DANIELSON	920 LAPHAM FARM RD MAPLEVILLE, RI 02839 USA
DIRECTOR	ERIN LAFFEY	342B CHAPEL ST HARRISVILLE, RI 02830 USA
DIRECTOR	CHRISTOPHER BAILEY-GATES	2 SCHOOL STREET UNIT 533 ALBION, RI 02802 USA
DIRECTOR	ERIKA LYNN DANIELSON	920 LAPHAM FARM ROAD MAPLEVILLE, RI 02839 USA
DIRECTOR	JENNIFER O'HARA	81 SANWOOD DRIVE HARRISVILLE, RI 02830 USA
DIRECTOR	DONNA KATZEN	55 GAZZA ROAD GLOCESTER, RI 02814 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

BRENDA L. FERRY 1528 MINERAL SPRING AVENUE NORTH PROVIDENCE , RI 02904

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 28 Day of June, 2020 at 9:59:25 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By ERIKA DANIELSON
Signature of Authorized Person

Form No. 631
Revised 09/07

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