RI SOS Filing Number: 202198157940 Date: 6/11/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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.

STAMP
RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 JUN 11 A 9:21

1. Entity ID Number	2. Exact name of the Corporation
506954	DONNIZNALS FARM INC.
3. State of Incorporation: R.I.	5. Brief description of the character of business conducted in Rhode Island: FOR ABANDONED, ABUSED, FORSAKEN FARM AND DOMESTIC ANIMALS, RESCUE PROVIDES HEALTH CARE AND MAINTENENCE, ALSO FOOD BANKS,
4. NAICS Code: 813312	

6. Principal Office Address	City	State	Zip
948 PUTNAM PIKE	GLOCESTER	RI.	02814

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
LYNN A. MOBRIANT	DANIEL J. MACKENZIE
Street Address: 948 PUTNAM PIKE	Street Address: 948 PUTNAM PIKE
City: GLOCESTER State: RI. Zip: 02814	City: GLOCESTER State: RI. Zip: 02814
Secretary Name	**Treasurer Name**
ROSEMARY SWEENEY	
Street Address: 3 SAILORS LANE	Street Address:
City: NORTON State: MASS. Zip: 02766	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 ☐

Director Name	Director Name
LYNN A. MOBRIANT	DANIEL J. MACKENZIE
Street Address: 948 PUTNAM PIKE	Street Address: 948 PUTNAM PIKE
City: GLOCESTER State: RI. Zip: 02814	City: GLOCESTER State: RI. Zip: 02814
Director Name: ROSEMARY SWEENEY	Director Name:
Street Address: 3 SAILORS LANE	Street Address:
City: NORTON State: MASS Zip: 02766	City: State: Zip:

9. The Registered Agent information of record with the RI Department of State is accurate. 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
Lynn A. Mobriant	6-10-2021

Signature of Officer/Authorized Representative: Lynn A Mobr

FILED C
JUN 11 2021
BY EGN 16

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

FORM 631 - Revised: 08/2020