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State of Rhode Island
Department of State - Business Services Division

FILED
JUL 15 2021
BY 3825 DS

Annual Report for the year: 2020
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. Entity ID Number	2. Exact name of the Corporation
001695133	**Heaven Lees Rescue**
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Spay neuter feral cats, rescue homeless pets and take owner surrenders
4. NAICS Code: 813920 - Professional Organiz	

6. Principal Office Address	City	State	Zip
27 Zanfagna street	Johnston	RI	02919

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

President Name: Elizabeth Davis			Vice-President Name: Ellisio Harris		
Street Address: 27 Zanfagna street			Street Address: 27 Zanfagna street		
City: Johnston	State: RI	Zip: 02919	City: Johnston	State: RI	Zip: 02919
Secretary Name: Elyssa Cabral			Treasurer Name:		
Street Address: 6 Avon street			Street Address:		
City: Providence	State: RI	Zip: 02904	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: Joy Spearing			Director Name: Elissio Harris		
Street Address: 6 Avon street			Street Address: 27 Zanfagna street		
City: Providence	State: RI	Zip: 02904	City: Johnston	State: RI	Zip: 02919
Director Name: Elyssa Cabral			Director Name:		
Street Address: Same as above			Street Address:		
City:	State:	Zip:	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, duty Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Elizabeth Davis	6/26/21

Signature of Officer/Authorized Representative: Elizabeth Davis

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