RI SOS Filing Number: 202328551260 Date: 2/10/2023 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

<u> 2023 </u>

→ Filing period: June 1 - June 30

→ Filing Fee. \$20 00

→ Penalty Additional \$25.00 fee if form is not filed by July 30.

FILED
FEB 1, 0, 2023
BY O

Entity ID Number	2. Exact name of the Corporation						
000037979	PALS						
State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
R.I	CAring FOR HOReless Animals, Assisting with Pet						
4. NAICS Code	Needs, Recycling						
813312	title: 7-6						
6. Principal Office Address			City	State	Zip		
66 WINSOR AVE			JOHNSTON	R上	02919		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name SCOPELLIA			Vice-President Name 5016 5000 elika ti				
66 WINSOR AVE			Street Address 66 WINSOR AVE				
City	State T	Zip 02919	CINTOUNSTON	State	Zip 02919		
Secretary Name Tinco Scopellii			Treasurer Name DiANC Scopekhiti				
Street Address LE WINSON AVE			Street Address				
City JOHNSTOR	State	2ip 2919	CIN	State	Zip 02919		
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 ☐							
Disase Scoperry			Director Name VINCON SCOPELLIN				
Street Address 66 WINSOR AVE			Street Address 347 Clopmist LILL ROAD				
City_ 50UNSTON	State	2ip 03/4/9	Clapat clet	State	21p 02814		
Director Name Director Name Director Name							
Street Address 66 WINSON AVE			Street Address				
City JUNSTON	State	Zip 3919	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.							
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 Fes Ru~にす		
DIANE Scopelliti					2-6-2023		
Signature of Officer/Authorized Representative SIGN TODE MENT HOLD SIGNATION TO SIGNATION TO SIGNATURE AND SIGNATU							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov