



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

APR 11 2024

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1. Entity ID Number 00138311		2. Exact name of the Corporation Friends of Animals in Need			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Provide Financial assistance for veterinary care to economically challenged companion pet owners in order to avoid the surrender or abandonment of their pet.			
4. NAICS Code 624190					
6. Principal Office Address 105 Narragansett St.			City North Kingstown	State RI	Zip 02852
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Russell Shabo			Vice-President Name Dwayne Aker		
Street Address 105 Narragansett St.			Street Address 38 Gerald St.		
City North Kingstown	State RI	Zip 02852	City Warwick	State RI	Zip 02886
Secretary Name Eleanor Rubin			Treasurer Name Russell Shabo		
Street Address 200 Mt View Ave			Street Address 105 Narragansett St.		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Russell Shabo			Director Name Dwayne Aker		
Street Address 105 Narragansett St.			Street Address 39 Gerald St.		
City North Kingstown	State RI	Zip 02852	City Warwick	State RI	Zip 02886
Director Name Eleanor Rubin			Director Name		
Street Address 200 Mt. View Ave.			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Russell Shabo</b>				Date <b>April 8, 2024</b>	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov