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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.

1. Entity ID Number 001699333	2. Exact name of the Corporation Second Chance Rescues		
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island TO RESCUE, PROVIDE TRAINING AND GIVE PURPOSE TO ANIMALS AS SERVICE ANIMALS		
4. NAICS Code 813312			
6. Principal Office Address 9 MERRILL STREET		City EAST PROVIDENCE	State RI
		Zip 02914	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name HEIDI MCEUEN SODERQUIST		Vice-President Name WILLIAM SODERQUIST JR.	
Street Address 9 MERRILL STREET		Street Address 9 MERRILL STREET	
City EAST PROVIDENCE	State RI	City EAST PROVIDENCE	State RI
Zip 02914		Zip 02914	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name HEIDI MCEUEN SODERQUIST		Director Name WILLIAM SODERQUIST JR.	
Street Address 9 MERRILL STREET		Street Address 9 MERRILL STREET	
City EAST PROVIDENCE	State RI	City EAST PROVIDENCE	State RI
Zip 02914		Zip 02914	
Director Name NATASHA SMITH		Director Name	
Street Address 9 MERRILL STREET		Street Address	
City EAST PROVIDENCE	State RI	City	State
Zip 02914		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.			
<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 HEIDI MCEUEN SODERQUIST			Date 15 Nov 2024
Signature of Officer/Authorized Representative 			FILED
			NOV 15 2024

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

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