RI SOS Filing Number: 202565789590 Date: 2/18/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FIELD
FEB 18 2025
BY 102

Annual Report for the year: 2025
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	2 Exact name of the Corporation
37514	BARRINGTON SERVICES FOR ANIMALS
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To provide food and shelter and other services to animals and to do all things incidental thereto.
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
30 Exchange Terrace	Providence	RI	02903

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

President Name: Edmund L. Alves, Jr.			Vice-President Name: Linda M. Alves		
Street Address: 30 Exchange Terrace			Street Address: 33 Great Road		
City: Providence	State: RI	Zip: 02903	City: Barrington	State: RI	Zip: 02806
Secretary Name: Virginia S. Maher			Treasurer Name: Edmund L. Alves, Jr.		
Street Address: 13 Spicer Street			Street Address: 30 Exchange Terrace		
City: North Providence	State: RI	Zip: 02904	City: Providence	State: RI	Zip: 02903

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Edmund L. Alves, Jr.			Director Name: Linda M. Alves		
Street Address: 30 Exchange Terrace			Street Address: 33 Great Road		
City: Providence	State: RI	Zip: 02903	City: Barrington	State: RI	Zip: 02806
Director Name: Virginia S. Maher			Director Name:		
Street Address: 13 Spicer Street			Street Address:		
City: North Providence	State: RI	Zip: 02904	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
Edmund L. Alves, Jr., President	**02/13/2025**

Signature of Officer/Authorized Representative

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: 12/2023