



State of Rhode Island  
Department of State - Business Services Division

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.

FILED

FEB 24 2025

BY

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RI DOS MADE EDITS PER FILER

1. Entity ID Number 138311		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 Friends of Animals in Need helps keep precious pets with their people by providing financial assistance for veterinary care to economically challenge	
4. NAICS Code 813312			
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 39 Gerald St.	
City North Kingstown	State RI	City Warwick	State RI
Zip 02852		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	City North Kingstown	State RI
Zip 02852		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	City Warwick	State RI
Zip 028852		Zip 02800	
Director Name Eleanor Rubin		Director Name	
Street Address 200 Mt. View Ave.		Street Address	
City North Kingstown	State RI	City	State
Zip 02852		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>			
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 Russell Shabo			Date 2/17/25
Signature of Officer/Authorized Representative 			

MAIL TO:

Division of Business Services

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