



State of Rhode Island  
Department of State - Business Services Division

STAMP

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.

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2025 JUL 31 A 11:25

1. Entity ID Number 001766641		2. Exact name of the Corporation Altruistic Dog Rescue			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Dog rescue and adoption			
4. NAICS Code 812910					
6. Principal Office Address 67 Serpentine Rd			City Warren		Zip 02885
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Ashley Sousa			Vice-President Name		
Street Address 67 Serpentine Rd			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Ariel Sanders			Director Name Linda Shoopman		
Street Address 13505 Leaton Cv			Street Address 5580 N Emerald Springs Way		
City Austin	State TX	Zip 78717	City Kingman	State AZ	Zip 86409
Director Name Ashley Sousa			Director Name		
Street Address 67 Serpentine Rd			Street Address		
City Warren	State RI	Zip 02885	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>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Ashley Sousa					Date 7/1/2025
Signature of Officer/Authorized Representative <i>Ashley Sousa</i>					

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

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