



State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

**FILED**  
 JUL 05 2016  
 1078  
 By *[Signature]*

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 \*FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
28064		NORTHEAST FELINE FANCIERS			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
R.I.		SPONSORING CAT SHOWS & CAT WELFARE			
5. Principal Office Address			City	State	Zip
137 PETTACONSETT AVE.			WARWICK	R.I.	02888
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name			Vice-President Name		
PATRICIA STRAUSS			DEBORAH COTE		
Street Address			Street Address		
83 WILBUR AVE.			493 GROVE ST		
City	State	Zip	City	State	Zip
CRANSTON	R.I.	02920	WOONSOCKET	RI	02895
Secretary Name			Treasurer Name		
PAMELA SCUNGIO			JANE F. PERKINS		
Street Address			Street Address		
4 ENDICOTT ST.			137 PETTACONSETT AVE		
City	State	Zip	City	State	Zip
CRANSTON	RI	02910	WARWICK	RI	02888
7. 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			Director Name		
JAMES COTE			WIMFRED PINEAULT		
Street Address			Street Address		
493 GROVE ST.			718-C WEST CHESTER DRIVE		
City	State	Zip	City	State	Zip
WOONSOCKET	RI	02895	HIGH POINT	N.C.	27262
Director Name			Director Name		
KENNETH STAPLES					
Street Address			Street Address		
123 WILLOW ST.					
City	State	Zip	City	State	Zip
WOONSOCKET	RI	02895			
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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				Date	
JANE F. PERKINS				6-25-16	
Signature of Officer/Authorized Representative					
<i>[Signature]</i>					