## FNTITY NI IMPER (NONPROFIT) INITIAL/ANNUAL LIST OF OFFICERS AND DIRECTORS OF RES-O-ME ANIMAL RESCUE E0016612017-4 NAME OF CORPORATION JAN, 2018. Due by Feb 28, 2017 JAN, 2017 FOR THE FILING PERIOD OF USE BLACK INK ONLY - DO NOT HIGHLIGHT \*\*YOU MAY NOW FILE THIS LIST ONLINE AT www.nvsilverflume.gov\*\* Document Number Filed in the office of Return one file stamped copy. (If filing not accompanied by order instructions, 20170107566-65 Borborak Cogniste file stamped copy will be sent to registered agent.) Filing Date and Time Barbara K. Cegavske IMPORTANT: Read instructions before completing and returning this form. 03/10/2017 7:25 AM Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. If there are additional officers, attach a list of them to this form. An Officer or Secretary of State Entity Number State of Nevada E0016612017-4 other authorized signer must sign the form. FORM WILL BE RETURNED IF UNSIGNED. 2. Return the completed form with the \$50.00 filing fee, if no capitalization. A \$50.00 penalty must be added for failure to fite this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year. 3. Make your check payable to the Secretary of State. Return the completed form to: Secretary of State, ABOVE SPACE IS FOR OFFICE USE ONLY 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 584-5708. 4. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Ordering Copies: If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must FILING FEE: \$50.00 (IF NO CAPITALIZATION) LATE PENALTY; \$50.00 (If filing late) accompany your order. Charitable Solicitation Information - check applicable box Yes - "Charitable Solicitation Registration Statement" required Does Organization intend to solicit charitable/tax No -- No additional form required deductible contributions? Organization claims exemption pursuant to (2015) AB50 15(1) or is recognized as a church under Internal Revenue Code 501(c)(3). Exempt from filing - "Exemption From Charitable Solicitation Registration Statement" required \*\* Failure to include the required statement form will result in rejection of the filing and could result in late fees.\*\* For Nonprofit entities formed under NRS Chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming an exemption under 501(c) designation must indicate by checking the box below and submit a Declaration of Eligibility form. Fallure to attach the required notarized Declaration of Eligibility will result in a rejection, which could result in late fees. Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption code 002 NRS Chapter 81 - Nonprofit: entities which are Unit-owners' association or Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls into one of these categories by marking the appropriate box. If the entity does not meet either of these categories please submit \$200.00 for the state business license. Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c) Unit-owners' Association TITLE(S) NAME PRESIDENT (OR EQUIVALENT OF) HENSCHEL CHRISTOPHER 2021-6-CS ZIP CODE STATE 8914 LAS VEGAS UNIT- 1181 10695 PEW MARTIN DR TITLE(S) SECRETARY (OR EQUIVALENT OF) KASTAN CRYSTA ZIP CODE STATE ANNRESS 89139 A5 VEGAS PHILHARMONIC ARE. TITLE(S) NAME TREASURER (OR EQUIVALENT OF) LARRY STATE ZIP CODE CITY ADDRESS 89123 TIMESCAPE LAS VEGAS 2207 TITLE(S) NAME HENSCHEL DIRECTOR m CARLY STATE ZIP CODE CITY ADDRESS 8914 LAS VEGAS WIT-1181 10695 DEAN MARTIN DR. None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful business. I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a catagory C felony to knowingly offer any false or forged instrument for filling in the Office of the Secretary of State. 2-22-17 X PRESIDENT Signature of Officer or Other Nevada Secretary of State List Nonprofit

**Authorized Signature** 

Revised: 10-1-15