

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615

401.222,3040

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • Filing Fee: \$20.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00. 1. Corporate ID No. 2. Name of Corporation 89224 Narragansett Bay Sled Dog Club 3. State of Incorporation 4. Corporate address in Rhode Island - Street Address City Zip Rhode Island 287 Yawgoo Valley Road Exeter 02822 5. Foreign corporation. Enter principal office address City State Zip6. Brief Description of the character of the affairs which are actually conducted in Rhode Island To advance the interest of non-professional sled dog racing in Rhode Island 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)  $\Box$  FILL IN SPACES BEFORE USING ATTACHMENTS President Nanu Vice President Name Sean Leach Karen Daley Street Address Street Address 521 Division Road 22 Nestles Lane City State Zip City State ZipWestport MA 02790 Freetown MA 02717 Secretary Name Treasurer Name Nancy Kohler Kathy McA'Nulty Street Address Street Address 287 Yawgoo Valley Road 4299 South County Trail City State Ζip State z.ip Exeter RI 02822 Charlestown RΙ 02813 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 Director Name Steven Marsh Rich Daley Street Address Street Address 69 Park Street 22 Nestles Lane City State Ζip Citv State Zib Mendon MA 01756 Freetown MA 02717 Director Name Director Name Susan Bain none Street Address Street Address 3 Mill River Lane City State Zip State Zip Hingham MA 02043 9. REGISTERED AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

| File Date                       | 7-1-09 |  |
|---------------------------------|--------|--|
| Check No.                       | 1630   |  |
| Ву:                             | mnc    |  |
| FOR SECRETARY OF STATE USE ONLY |        |  |

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| Under penalty of p            | erjury, I declare and | affirm that I have examined thi    |
|-------------------------------|-----------------------|------------------------------------|
| report, including an          | y accompanying sch    | edules and statements, and that al |
| statements containe           | d herein are true and | correct.                           |
| Manus<br>Signature of Officer | Kahler                | 6/20/09                            |
| Signature of Officer          |                       |                                    |
| , 10 ···                      |                       | Date                               |

Nancy Kohler

Print or Type Name of Officer

Secretary Title of Officer