



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

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

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|--|--------------------|--|--|--------------------|---------------------|
| 1. Entity ID No. 46995 | | 2. Exact name of the Corporation Field Spaniel Society of America | | | |
| 3. State of Incorporation RI | | 4. Brief description of the character of business conducted in Rhode Island Dog Club | | | |
| 5. Principal office address 1897 E. Main Rd | | | City Portsmouth | State RI | Zip 02871 |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name Jane Chopson | | | Vice-President Name Carole Williams | | |
| Street Address PO Box 94 | | | Street Address 6806 W Rainbow Creek Rd | | |
| City Port Costa | State CA | Zip 94569 | City Sedalia | State CO | Zip 80135 |
| Secretary Name Maxine Reed | | | Treasurer Name Lori Carver | | |
| Street Address 351 E Kerley Corners Rd | | | Street Address 18 Plainfield Rd | | |
| City Tivoli | State NY | Zip 12583 | City Cummington | State MA | Zip 01026 |
| 7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name Karen Balinski | | | Director Name Judy Pollard | | |
| Street Address 11753 Cloverview Dr | | | Street Address 223 Brown Rd | | |
| City Ravenna | State MI | Zip 49451 | City Candia | State NH | Zip 03309 |
| Director Name Frank Havenschild | | | Director Name | | |
| Street Address 23814 Plum Valley Dr | | | Street Address | | |
| City Crete | State IL | Zip 60417 | City | State | Zip |
| 8. REGISTERED AGENT IN RHODE ISLAND | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641. | | | | | |

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

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Lori Carver 6-30-12
 Signature of Officer Date

Lori A. Carver
 Print or Type Name of Officer

Treasurer
 Title of Officer

FILED 1231
JUL 09 2012

BY 02 174449