RI SOS Filing Number: 201442137060 Date: 06/30/2014 11:39 PM

State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000084599

2. Name of Corporation Rhode Island Police Work Dog Association

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 8 CHRISTOPHER DRIVE
City or Town: GREENVILLE State: RI Zip: 02828 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO HELP TRAIN, EDUCATE, AND ESTABLISH POLICE WORK DOGS, WORKDOG HANDLERS, AND WORK DOG UNITS THROUGHOUT THE STATE OF RI.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHAEL ZACCAGNINI	8 CHRISTOPHER DRIVE GREENVILLE, RI 02828 USA
DIRECTOR	PHILIP VIENS	4 LAWNACRE DRIVE GREENVILLE, RI 02828 USA

0-8546-0

DIRECTOR	GREG BRUNO	35 ENZO DR COVENTRY, RI 02816 USA
DIRECTOR	STEPHEN HAUSER	106 RIDGE RD EXETER, RI 02921 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MICHAEL ZACCAGNINI 8 CHRISTOPHER DRIVE GREENVILLE , RI 02828

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 30 Day of June, 2014 at 11:41:56 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MICHAEL ZACCAGNINI
Signature of Authorized Person

Form No. 631
Revised 09/07