



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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.

1. Entity ID No. 33939		2. Exact name of the Corporation Little Rhody Beagle Club Inc.			
3. State of Incorporation R.I.		4. Corporate Address in RI - Street Address 821 Cowesett Rd		City Warwick	Zip 02886
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island AKC Field Trial grounds					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name William Forward			Vice-President Name Dennis Whitney		
Street Address 120 Tillinghast Rd			Street Address 18 Buffum Rd		
City East Greenwich	State RI	Zip 02818	City Charlton	State Ma	Zip 01507
Secretary Name Dolores Barry			Treasurer Name George Slinn		
Street Address 29 Cedar Pond Dr. Apt. 4			Street Address 343 Hillard Ave		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. 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 Anthony Cifizzari			Director Name Al Cormier		
Street Address 7 Chestnut St			Street Address 18 Tampa St.		
City Bellingham	State Ma	Zip 02019	City West Warwick	State RI	Zip 02893
Director Name Dennis Langevin			Director Name David Magiera		
Street Address 9 Apo loosa Ct.			Street Address 25 Park St.		
City Seekonk	State Ma	Zip 02771	City West Warwick	State RI	Zip 02893
9. 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

FILED

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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.

George Slinn **6/30/14**
 Signature of Officer Date

George Slinn
 Print or Type Name of Officer

Treasurer
 Title of Officer