



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:** 2015

**1. Corporate ID No.** 000691854

**2. Name of Corporation** USA Battle Buddies, Inc.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 204 THAMES ST

City or Town: NEWPORT

State: RI

Zip: 02840

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**

THIS CORPORATION IS ORGANIZED EXCLUSIVELY FOR SUPPORTING, MAINTAINING, AND FURTHERING THE PURCHASE, CARING AND TRAINING OF SERVICE DOGS WHICH ARE MATCHED WITH COMBAT AND NON-COMBAT WOUNDED MILITARY VETERANS FOR PURPOSES OF REHABILITATION FROM PHYSICAL AND PSYCHOLOGICAL INJURIES AND PROMOTING INDEPENDENT LIVING. THIS CORPORATION IS ORGANIZED EXCLUSIVELY FOR ONE OR MORE PURPOSES AS SPECIFIED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, INCLUDING, FOR SUCH PURPOSES, AS SOLICITING AND RECEIVING GIFTS AND GRANTS OF MONEY AND PROPERTY, AND TO DO ANYTHING NECESSARY OR PROPER FOR ACCOMPLISHMENT OF THESE PURPOSES NOT OTHERWISE INCONSISTENT WITH SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ALL FUNDS, WHETHER INCOME OR PRINCIPAL, AND WHETHER ACQUIRED BY GIFT OR CONTRIBUTION OR OTHERWISE, SHALL BE DEVOTED TO SAID PURPOSES.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	STEVEN ROBERT FRYE	204 THAMES ST NEWPORT, RI 02840 USA
SECRETARY/TREASURER	GEORGE JOSEPH BOTELHO JR	109 SECOND ST NEWPORT, RI 02840 USA
VICE PRESIDENT	LAURIE ANN MCGRATH	35 OSCEOLA AVE NARRAGANSETT, RI 02840 USA
DIRECTOR	DAVID JOHN MACDONALD	152 CONONCHET DR PORTSMOUTH, RI 02871 USA
DIRECTOR	JOHN EDWARD HOLLIS	991 MAIN ST SUITE 3C EAST HARDFORD, CT 06108 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**

KEITH B. KYLE, ESQ. 195 BROADWAY 2ND FLOOR NEWPORT , RI 02840

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

**Signed this 8 Day of January, 2016 at 10:23:30 AM 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 GEORGE J. BOTELHO JR  
Signature of Authorized Person

Form No. 631  
Revised 09/07