

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

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

Filing Fee: \$20.00 • FAI	LURE TO FILE	THIS REPORT BY	JULY 30 WILL RESULT IN A \$25.0	Ю PENALTY	FEE.	
1. Entity ID No.	2. Exact name of the Corporation					
30418	RHODE ISLAND KENNEL, CLUB					
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island					
RI	TO PROMOTE THE ADVANCEMENT OF PURE BRED DOGS					
5. Principal office address	IR ROAD		City CUMBERLAND	State R I	02864	
6. LIST ALL OFFICERS (NAME	S AND ADDRES	SES) ("X" BOX FOR	ATTACHMENT)			
President Name			Vice-President Name			
VIVIAN MARCHETTI			FLIZABETH OMEARA			
Street Address			Street Address			
1329 SPRING LAKE ROAD			10 AMAZON DRIVE			
City	State	Zip	City	State	Zip	
HARRISVILLE	RI	02830	PORTSMOUTH	RI	02871	
Secretary Name			Treasurer Name			
CLAVDIA GAULIN			SHIRLEY CROS.	SHIRLEY CROSSLEY		
Street Address			Street Address			
120 MIRICK AVE			542 RESERVOIR ROAD			
City	State	Zip	City	State	Zip 02864	
CRANSTON	RI	02920	CUMBERLAND	RI	01007	
7. LIST ALL DIRECTORS (NAM ("X" BOX FOR ATTACHMEN	MES AND ADDRE	SSES). RHODE ISLA	ND CORPORATIONS <u>MUST</u> LIST NO	LESS THAN T	THREE (3) DIRECTORS	
Director Name			Director Name			
VIRGINIA HEFFERNAN			ELAINE TASHIIAN			
Street Address			Straat Address			
/42 OLD GREAT ROAD City State Zip			472 ROUND	472 ROUND HILL CRT.		
City	State	Zip	City	State	Zip 02886	
NO, SMITHFIELD	RI	02896	WARWICK	RI	02000	
Director Name			Director Name			
WILLARDS. CROSSLEY			KIM WALSH	KIM WALSH		
Street Address			Street Address			
SY2 RESERVOIR ROAD			58 PLEASANT OR	58 PLEASANT ORIVE		
City	State	Zip	City	State	Zip	
CUMBERLAND	RI	02864	CRANSTON	RI	02920	
8. REGISTERED AGENT IN RH						
This information is currently o	f record in the O	ffice of the Secretary	of State. Changes require filing Form	n 641.		
This report must be signed by eit	her the President,	Vice-President, Secre	etary, Assistant Secretary, Treasurer, du	ly Authorized Re	epresentative, Receiver	
or Trustee						
			Under negative of periors I dec	lere and affirm	that I have examined	
			Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements.			
File Date			and that all statements contain	ed herein are	true and correr *.	
Check No					5/16/	
		Cii Cn	Shules Crossley	1	5/16/16	
By:		FILED 👩	Signature of Officer or Authorized	d Representativ	/e Date	
FOR SECRETARY OF STATE						
FUR SEVIE IANT OF STATE	M/	AY 1 8 2016	TACACHOER - SH	IRLEY C	ROSSLEY	
F No. CO4			Print or Type Name of Officer or	TREASURER - SHIRLEY CROSSLEY Print or Type Name of Officer or Authorized Representative		
Form No. 631			Print or Type Name of Officer of Authorized Hepresentative			

Revised: 04/2014