



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 2016

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. 30418		2. Exact name of the Corporation RHODE ISLAND KENNEL, CLUB			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island TO PROMOTE THE ADVANCEMENT OF PURE BRED DOGS			
5. Principal office address 542 RESERVOIR ROAD			City CUMBERLAND	State RI	Zip 02864
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name VIVIAN MARCHETTI			Vice-President Name ELIZABETH OMEARA		
Street Address 1329 SPRING LAKE ROAD			Street Address 10 AMAZON DRIVE		
City HARRISVILLE	State RI	Zip 02830	City PORTSMOUTH	State RI	Zip 02871
Secretary Name CLAUDIA GAULIN			Treasurer Name SHIRLEY CROSSLEY		
Street Address 120 MIRICK AVE			Street Address 542 RESERVOIR ROAD		
City CRANSTON	State RI	Zip 02920	City CUMBERLAND	State RI	Zip 02864
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 VIRGINIA HEFFERNAN			Director Name ELAINE TASHJIAN		
Street Address 142 OLD GREAT ROAD			Street Address 472 ROUND HILL CRT.		
City NO. SMITHFIELD	State RI	Zip 02896	City WARWICK	State RI	Zip 02886
Director Name WILLARD S. CROSSLEY			Director Name KIM WALSH		
Street Address 542 RESERVOIR ROAD			Street Address 58 PLEASANT DRIVE		
City CUMBERLAND	State RI	Zip 02864	City CRANSTON	State RI	Zip 02920
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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE

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.

FILED

MAY 18 2016

Shirley Crossley 5/16/16
 Signature of Officer or Authorized Representative Date

TREASURER - SHIRLEY CROSSLEY
 Print or Type Name of Officer or Authorized Representative