



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: 2016

1. Corporate ID No. 000089224

2. Name of Corporation Narragansett Bay Sled Dog Club

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 4299 SOUTH COUNTY TRAIL

City or Town: CHARLESTOWN

State: RI Zip: 02813 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 ADVANCE THE INTEREST IN NON-PROFESSIONAL SLED DOG RACING IN RHODE ISLAND.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
TREASURER	KATHY MCA'NULTY	4299 SOUTH COUNTY TRAIL CHARLESTOWN, RI 02813 USA
SECRETARY	NANCY KOHLER	4299 SOUTH COUNTY TRAIL CHARLESTOWN, RI 02813 USA

VICE PRESIDENT	KAREN DALEY	22 NESTLES LANE FREETOWN, MA 02717 USA
PRESIDENT	SEAN LEACH	521 DIVISION ROAD WESTPORT, MA 02790- USA
DIRECTOR	STEVEN MARSH	69 PARK STREET MENDON, MA 01756 USA
DIRECTOR	SUSAN BAIN	3 MILL RIVER LANE HINGHAM, MA 02043 USA
DIRECTOR	RICH DALEY	22 NESTLES LANE FREETOWN, MA 02717 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

NANCY KOHLER 4299 SOUTH COUNTY TRAIL CHARLESTOWN , RI 02813

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

Signed this 14 Day of July, 2016 at 11:08:28 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 /S/NANCY KOHLER
Signature of Authorized Person

Form No. 631
Revised 09/07

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