



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 1095515		2. Exact name of the Corporation Region 1 / AFTCA			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Bringing the bird dog field trial interests in New England under one supervising agency. Promoting and furthering bird dog field trial activities and sound game conservation practices in the New England states.			
4. NAICS Code 813312 - Environment, Co					
6. Principal Office Address 1297 Putnam Pike		City Chepachet	State RI	Zip 02814	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard Giuliano			Vice-President Name Tim Cavanaugh		
Street Address 148 Gibson Hill Road			Street Address 202 Hog Hill Road		
City Greene	State RI	Zip 02827	City East Hampton	State CT	Zip 06424
Secretary Name Janice Gregory			Treasurer Name Janice Gregory		
Street Address 1297 Putnam Pike			Street Address 1297 Putnam Pike		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John Olfson			Director Name Jim Curtin		
Street Address 27 Harwich Lane			Street Address 675 Conant St.		
City West Hartford	State CT	Zip 06117	City Bridgewater	State MA	Zip 02324
Director Name Elias Richardson			Director Name Richard Bembenek		
Street Address 314 Chestnut St.			Street Address 41 Rawson Road		
City Uxbridge	State MA	Zip 01569	City Webster	State MA	Zip 01570
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Janice Gregory				Date 1 June 2017	
Signature of Officer/Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 JUN 05 2017 *OL*

BY *JBO*