



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 000029350		2. Exact name of the Corporation SOUTH COUNTY KENNEL CLUB, INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO HOLD AKC LICENSED DOG SHOWS AND MATCHES AND EDUCATE THE GENERAL PUBLIC CONCERNING PURE BRED DOGS			
4. NAICS Code					
6. Principal Office Address 69A MOOSUP VALLEY ROAD			City FOSTER	State RI	Zip 02825
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROLAND PELLAND			Vice-President Name SHARON RAPOSO		
Street Address 149 MENDON ROAD			Street Address 166 FAYAL LANE		
City ATTLEBORO	State MA	Zip 02703	City MIDDLETOWN	State RI	Zip 02842
Secretary Name CYNTHIA DOWNING			Treasurer Name COLLEEN CROTEAU		
Street Address PO BOX 636			Street Address 69A MOOSUP VALLEY ROAD		
City NORTH KINGSTOWN	State RI	Zip 02852	City FOSTER	State RI	Zip 02825
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 SANDRA REDDING			Director Name TEMPLE DA SILVA		
Street Address 56 OPPER AVENUE			Street Address 289 DENISON HILL ROAD		
City WARWICK	State RI	Zip 02889	City N. STONINGTON	State CT	Zip 06359
Director Name MIKKI SPRAGUE			Director Name		
Street Address 26 BAILEY DRIVE			Street Address		
City WEST GREENWICH	State RI	Zip 02817	City	State	Zip
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 COLLEEN CROTEAU				Date 6/3/2017	
Signature of Officer/Authorized Representative 					

FILED

JUN 07 2017

1411