



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

Annual Report for the year: **2018**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

NOT
SECRETARY OF STATE
U.S.A.

1. Entity ID Number 120980		2. Exact name of the Corporation Rhode Island K-9 Academy, Inc.			
3. Principal Office Address P.O. Box 207		City Coventry		State RI	Zip 02816
4. NAICS Code 812910		6. Brief description of the character of business conducted in Rhode Island Training and sale of dogs for various purposes and applications; providing instruction to dog owners and handlers.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kimberly A. Reardon			Vice-President Name Roger J. Reardon		
Street Address P.O. Box 207			Street Address P.O. Box 207		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Kimberly A. Reardon			Treasurer Name Roger J. Reardon		
Street Address P.O. Box 207			Street Address P.O. Box 207		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This Information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		Common		No Par Value	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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.					
Name of Authorized Representative Kimberly A. Reardon, President					Date 3/14/18
Signature of Authorized Representative <i>Kimberly A. Reardon</i>					FILED SIGN DOCUMENT HERE MAR 20 2018 BY KL 327133

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov