



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

Annual Report for the year: **2018**

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 000792030		2. Exact name of the Corporation Little Rhody Rescue and Quarantine Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Non-Profit Dog rescue and Quarantine Facility			
4. NAICS Code 813319 - Other Social Advocacy					
6. Principal Office Address 31 C Cooper Rd		City Glocester	State RI	Zip 02814	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kathleen Healey Dubuque			Vice-President Name Missy Bagley		
Street Address 31 C Cooper Rd			Street Address 1404 Pinewood Dr		
City Glocester	State ri	Zip 02814	City Smithfield	State RI	Zip 02917
Secretary Name Kayla Roach			Treasurer Name Nicole Gomes		
Street Address 36 Berkshire Dr			Street Address Cherry Orchard Farm Rd		
City Alblon	State ri	Zip 02802	City Harrisville	State ri	Zip 02830
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Virginia Csar			Director Name Missy Bagley		
Street Address 7 Balsam Lane			Street Address 1404 Pinewood Dr		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Director Name Kayla Roach			Director Name Kathleen Healey-Dubuque		
Street Address 35 Berkshire Dr			Street Address 31 C cooper Rd		
City Alblon	State ri	Zip 02865	City Glocester	State ri	Zip 02814
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 Kathleen Ann Healey - Dubuque				Date 12 June 2018	
Signature of Officer/Authorized Representative <div style="text-align: center;">SIGN DOCUMENT HERE</div>					

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

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JUN 15 2018

BY 1553 QS

FORM 631 - Revised: 11/2017

OTHER DIRECTORS' NAMES AND ADDRESSES

Liz Razee

36 A Pheasant Run

Smithfield RI 02917

Materials manager, Director

Nicole Gomes

135 Cherry Farm Rd

Harrisville RI 029830

Treasurer , Director

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