RI SOS Filing Number: 201871002410 Date: 6/29/2018 10:10:00 AM

Department of State - Business Services Division  Annual Report for the year:  Annual Report Report Report Island  Annual Report Report Report Island  Annual Rep	State of Rhode Island and	Providence Plant	tations				
Non-Profit Corporation  Fing peach June 1 June 30  Penalty: Additional \$25.00 fee if from is not filed by July 30.  1. Entity ID Number  (B3 H 5 6 H W.A.R. D.O.G.S., INC  3. State of Incorporation  (R HOPF TSLAMD  4. NAICS Code  (B1 MACH SC Gode)  5. Brief description of the character of business conducted in Rhode Island  (B1 MACH SC Gode)  6. Principal Office Address  (City NORTH PROVIDENCE RT. 0.8904  7. List ALL officers (names and addresses)  (City NORTH PROVIDENCE State T. 0.8904  (City CRANSTON)  (City				vision		<b>~</b> 3	
Penalty: Additional \$25.00 fee if form is not fleet by July 30.  1. Entity ID Number  (3.3 H 5.6 H  W. R.R. D.O.G.S., INC.  3. State of Incorporation  RHOOF TSLAMP  4. NAICS Code  8. 13410  4. NAICS Code  8. 13410  4. NAICS Code  8. 13410  6. Principal Office Address  IO PLEASANT VIEW DRIVE  NORTH ROUIDENCE RTL.  Chy  Chy  ANAICS CODE  ANAICS  Sevent Address  IO PLEASANT VIEW DRIVE  State  Chy  ANAICS  Sevent Address  INC.  Chy  ANAICS  Sevent Address  INC.  Chy  Chy  Chy  ARWING  Sevent Address  INC.  Chy  ARWING  Sevent Address  INC.  Chy  Chy  ARWING  Sevent Address  INC.  Chy  ARWING  INC.  Chy  ARW	Non-Profit Corporation — O O I O					SEGRETA COMPOR	
1. Entity ID Number  (3 # 5 6 # W.R.R. D.O.G.S., INC.  3. Sites of Incorporation  RHOPF TSLAMP  4. NAICS Code  8. Principal Office Address  10 PLEASAUT VIEW DRIVE  TENDIE DITOMASSO  10 PLEASAUT VIEW DRIVE  10 PLEASAUT VIEW RIVE  10 DITECTOR Name  10 DITECTO	→ Penalty: Additional \$25.00 fee if form is not filed by July 30						
SHOP HOLD STORE STATE AND STATE AND STATE AGRESS STORE STARL STARL COPERANT AND AND STARL COPERANT AND STARL COPERANT AND STARL COPERANT AND STARL COPERANT AND STARL	V 20.00 IGC II		July 30.		- <del></del> -		
S. Brief description of the character of business conducted in Rhode Island  RHOOF TSLAMD  4. NAICS Code  8. 13410  6. Principal Office Address  10. PREASANT VIEW DRIVE  11. USTALL Officers (names and addresses)  12. Check the box to indicate an attachment  TENNIE DITOMASSO  12. PREASANT VIEW DRIVE  15. SAR NOLDS NECK PRIVE  15. Chy WARWICK  15. SAR NOLDS NECK PRIVE  15. Chy WARWICK  15. SAR NOLDS NECK PRIVE  15. SAR NOLDS NECK PR	1 / 3			•			
RHOOF ISLAMD  4 NAICS CODE  8 1 34 10  6. Principal Office Address  10 PLEASANT VIEW DRIVE  T. LISTALL Officers (names and addresses)  7. LISTALL Officers (names and addresses)  President Name  TENNIE DITOMASSO  Street Address  10 PLASANT VIEW DRIVE  City  MORTH PROVIDENCE  STAR DORNA  STORMA  COPORT  DIRECTOR Name  AND STAR DORNA  STORMA  COPORT  DIRECTOR Name  AND STAR DORNA  COPORT  DIRECTOR Name  AND STAR DORNA  COPORT  DIRECTOR Name  AND COPORT  DIRECTOR Name  AND COPORT  DIRECTOR Name  AND COPORT  DIRECTOR Name  AND COPORT  DIRECTOR Name  CITY  CITY  CITY  CITY  COPORT  DIRECTOR Name  AND COPORT  DIRECTOR Name  CITY		W.A.K. D.O.G.S., INC.				H 2H	
4 NAICS CODE  8 3410  6. Principal Office Address  10 PLEASANT VIEW DRIVE  1. USHALL Officers (names and addresses)  President Name  TENNIE DITOMASSO  Street Address  10 PLEASANT VIEW DRIVE  State  155 AR NOLDS NECK DRIVE  CITY  NORTH PROVIDENCE  State  TO STREET Address  Street Addres		Brief description of the character of business conducted in Rhode Island					
6. Principal Office Address  10. PREASANT VIEW DRIVE  11. NORTH PROVIDENCE RTL.  12. 0.2904  7. List ALL officers (names and addresses)  12. Check the box to indicate an attachment of State and State Driver President Name.  12. PRIVE DITOMASSO  13. Street Address  15. SAR NOLDS NECK DRIVE  15. SAR NOLDS NECK DRIVE  15. SAR NOLDS NECK DRIVE  15. Sare AND DRIVE  15. SAR NOLDS NECK DRIVE  15. Sare AND Sare DRIVE  16. Sare DRIVE  16. Sare DRIVE  16. Sare DRIVE  17. DRIVE  18. Sare DRIV		HELPING VATERALIS ALL LIGHT					
7. USTALL Officers (names and addresses)  8. OFFICER ADDRESSO  8. USTALL OFFICER ADDRE	019410						
Testall officers (names and addresses)  President Name  TENNIE DITOMASSO  President Name  PHILIP BOURGOIN  Street Address  TO PLAS ANT VIEW DRIVE  City MORTH PROVIDENCE  Street Address  Street Address  Street Address  NORMA CODORT  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  ANOLDS NECK TRIVE  City CRANSTON  State  City CRANSTON  State  State  City CRANSTON  State  Street Address  ANOLDS NECK TRIVE  City CRANSTON  State  Street Address  Street Address  Street Address  FORMA CODORT  Director Name  CON PLEASANT VIEW RIVE  State  Street Address  FORMA CODORT  State  City CRANSTON  State  Street Address  FORMA CODORT  State  Street Address  FORMA CODORT  State  City CRANSTON  State  State  City CRANSTON  State  State  City CRANSTON  State  City CRANSTON  State  City CRANSTON  Check the box to indicate an attachment of City Cranston  Check the box to indicate an attachment of City Cranston  Check the box to indicate an attachment of City Cranston  Check the box to indicate an attachment of City Cranston  Check				1 '			
President Name  FENNIE DITOMASSO  Street Address  VIEW DRIVE  State  LOBY  LOB			<u></u>	NORTH PROUDERS	E RIL.	02904	
Street Address	Creside AN						
City CRANSTON State PLONGEN PRIVE State PHILIP BOURGOIN  Street Address Street Address PLEASAUT VIEW PRIVE State PRIVE PRIVING PRIVING PRIVING PRIVE PRIVE PRIVE PRIVING PRIVING PRIVING PRIVE PRIVE PRIVE PRIVE PRIVING PRIVING PRIVING PRIVING PRIVE PRIVE PRIVE PRIVING PRIVE PRIVING PRIVI	JENNIE DI OMASSO			PHILIP BOURGOIN			
City CRANSTON State DIFFERENCE State No. 1200 No. 11 State No. 1200 No. 120	10 PLCAS ANT VIEW DRIVE			Street Address			
Street Address  ISH SCTUATE AUE.  City CRANSTON  State Address  B. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment  Director Name  Director Name  Tomass  Street Address  IO PLEASAUT VIEW RIVE  State  List Address  IO PLEASAUT VIEW RIVE  State  Lip  Director Name  PHILLP  BOURGOIN  Street Address  State  Director Name  Director Name  Pitture  Order  State  S	City NORTH PROVIDENCE	State R.T.			State	Zıp	
Street Address  City C RANSTON  State  T. Zip 0383  City WARWICK  State R T 02886  8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment  Director Name  Tennie Tennie  Check the box to indicate an attachment  Director Name  Tennie  Street Address  Director Name  PHILLIP  BOURGOIN  State  Zip  Director Name  PHILLIP  State  City  WARWICK  State  Zip  Director Name  Street Address  City  WARWICK  State  Zip  PORSI  City  State  Zip  PORSI  City  State  Zip  PORSI  City  State  Zip  PORSI  City  State  Zip  Director Name  PHILLIP  BOURGOIN  Street Address  Director Name  City  State  Zip  Director Name  PHILLIP  State  Zip  Director Name  City  City  State  Zip  State  Zip  Director Name  City  City  State  Zip  City  State  Zip  City  State  Zip  City  State  Zip  Director Name  City  C	I Secretary Name			Treasurer Name	oul.	10000	
Street Address    Street Address   Street Address   Street Address   Street Address	Street Address SCITUATE AVE.			Street Address			
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment   Director Name   Check the box to indicate an attachment   Director Name   NORMA COPORT  Street Address   ID PLEASAUT VIEW PRIVE   City State   City CRANSTON   Director Name   PHILIP BOURGOIN  Street Address   Street Address	CITYCRANSTON	State T	Zip () (283)	City WARINICK	State		
Street Address  IO PLEASANT VIEW RIVE  Street Address  IO PLEASANT VIEW RIVE  State  NORMA CODOKT  Street Address  IO PLEASANT VIEW RIVE  State  Street Address  State  City  NORTH PROVIDENCE  State  PHILIP  BOURGOIN  Street Address  State  Zip  Zip  Zip  State  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi				t at least THREE directors.	K.L	<u> </u>	
Street Address  ID PLEASANT VIEW PRIVE State  Street Address  Director Name  PITILIP BOURGOIN  Street Address	Director Name			Director Name			
City WARNOLDENCE State Zip D383/ CRANSTON State Zip D383/ Director Name  PHILIP BOURGOIN  Street Address  LSS ARNOLDS NECK DRIVE  City WARNOLDS Neck DRIVE  City WARNOLDS Neck DRIVE  Gity State Zip D886/ 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.  This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative.  Name of Officer/Authorized Representative  Signeture of Officer/Authorized Representative  Signeture Of Officer/Authorized Representative  Signeture Street, Providence, Rhode Island 02904-2615  Phone: (401) 222-3040	7 17 100			NORMA COPORT			
City WARUICK State Zip 0333)  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  City WARUICK State Zip 02886  Gity State Zip 02886  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.  This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treesurer, duly Authorized Representative Representative Signeture of Officer/Authorized Representative  Signeture of Officer/Authorized Representative  Signeture of Officer/Authorized Representative  Signeture of Officer/Authorized Representative  Signeture of Officer/Authorized Representative  Signeture of Officer/Authorized Representative  Signeture of Officer/Authorized Representative  Signeture of Officer/Authorized Representative  Signeture of Officer/Authorized Representative  Signeture of Officer/Authorized Representative  Signeture of Officer/Authorized Representative  Signeture of Officer/Authorized Representative  Signeture of Officer/Authorized Representative  Signeture of Officer/Authorized Representative  Signeture of Officer/Authorized Representative  Signeture of Officer/Authorized Representative  Signeture of Officer/Authorized Representative	10 PLEASANT	Viewa	Rive	Street Address SCITUAT	e Aug		
Street Address  Street Address  Street Address  State  City  WARWICK  State  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.  This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative.  Name of Officer/Authorized Representative  Sign Dodoument First  Sign Dodoument First  All Officer Authorized Representative  Date  All Officer Authorized Representative  Sign Dodoument First  All Officer Authorized Representative  All Officer Authorized Represent	4 7	State	Zip ひみを3/	CRANSTON		Zip 02121	
Street Address    State	Director Name PHILIP BOURGE			<del> </del>		100057	
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.  This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee  Name of Officer/Authorized Representative  Signeture of Officer/Authorized Representative  Outhorized Representative  Signeture of Officer/Authorized Representative  Outhorized Representativ	Street Address			Street Address		<del></del>	
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.  This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee  Name of Officer/Authorized Representative  Date  Signeture of Officer/Authorized Representative  Signeture of Officer/Authorized Representative  Signeture of Officer/Authorized Representative  MALLO: Division of Business Services  148 W. River Street, Providence, Rhode Island 02904-2615  Phone: (401) 222-3040	City			City	State	Zıp	
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.  This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee  Name of Officer/Authorized Representative  Sign DOCUMENT FIRE  MALLO: Division of Business Services  148 W. River Street, Providence, Rhode Island 02904-2615  Phone: (401) 222-3040		J. This information is	currently of record	in the Department of State, Changes	require filing Form 6		
Name of Officer/Authorized Representative  Name of Officer/Authorized Representative  Signature of Officer/Authorized Representative  Signature Officer/Authorized Representative  Signature Officer/Authorized Representative  MALTO:  Division of Business Services  148 W. River Street, Providence, Rhode Island 02904-2615  Phone: (401) 222-3040	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules, and						
Name of Officer/Authorized Representative  Signature of Officer/Authorized Representative  Signature of Officer/Authorized Representative  Signature Signature  Signature Signature  Signat							
MALTO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040	Name of Officer/Authorized Represe	entative					
MALTO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040	VENNIE DIT	1mA-550	) 	۵۵	6/24	3/18	
MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040	SIGN DOCUMENT THERE AND ICH						
Division of Business Services  148 W. River Street, Providence, Rhode Island 02904-2615  Phone: (401) 222-3040	MALTO:	u.v.			<u> </u>		
Phone: (401) 222-3040	Division of Business Services	sland 02004 2545		(3/ 1/	)		
	Phone: (401) 222-3040 Website: www.sos.ri.gov	SIGNU UZ3V4-2015		10.			

FORM 631 - Revised: 11/2017