



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.

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1. Entity ID Number 634564		2. Exact name of the Corporation W.A.R. D.O.G.S., INC.	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island HELPING VETERANS AND K-9 VETERANS	
4. NAICS Code 813410			
6. Principal Office Address 10 PLEASANT VIEW DRIVE		City NORTH PROVIDENCE	State R.I.
		Zip 02904	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JENNIE Di TOMASSO		Vice-President Name PHILIP BOURGOIN	
Street Address 10 PLEASANT VIEW DRIVE		Street Address 155 ARNOLDS NECK DRIVE	
City NORTH PROVIDENCE	State R.I.	City WARWICK	State R.I.
Zip 02904		Zip 02886	
Secretary Name NORMA CODORI		Treasurer Name PHILIP BOURGOIN	
Street Address 1841 SCITUATE AVE		Street Address 155 ARNOLDS NECK DRIVE	
City CRANSTON	State R.I.	City WARWICK	State R.I.
Zip 02831		Zip 02886	
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 JENNIE Di TOMASSO		Director Name NORMA CODORI	
Street Address 10 PLEASANT VIEW DRIVE		Street Address 1841 SCITUATE AVE	
City NORTH PROVIDENCE	State R.I.	City CRANSTON	State R.I.
Zip 02904		Zip 02831	
Director Name PHILIP BOURGOIN		Director Name	
Street Address 155 ARNOLDS NECK DRIVE		Street Address	
City WARWICK	State R.I.	City	State
Zip 02886		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 JENNIE Di TOMASSO		Date 6/29/18	
Signature of Officer/Authorized Representative <i>Jennie Di Tomasso</i>		SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov