RI SOS Filing Number: 201871472150 Date: 7/2/2018 4:00:00 PM

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

FILED
JUL 02 2018
BY

1 Entity ID Number	2. Exact name of the Corporation
33939	Little Rhody Beagle Club, Inc.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Training AKC dogs
4 NAICS Code: 712190	

6. Principal Office Address	City	State	Zip
821 Cowesett Rd	Warwick	RI	02886

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice President Name
William Forward	Anthony Roderick
Street Address: 940 Quaker Lane Apt 714	Street Address: 2835 County St.
City: Warwick State: RI Zip: 02818	City: Dighton State: Ma Zip: 02715
Secretary Name: Jennifer La Fleur	Treasurer Name: George Slinn
Street Address: 49 Pleasant St	Street Address: 343 Hillard Ave
City: West Warwick State: RI Zip: 02893	City: Warwick State: RI Zip: 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	Director Name
Anthony Cifizzari	Al Cormier
Street Address: 14 Sterbach St.	Street Address: 18 Tampa St.
City: Bellingham State: Ma Zip: 02019	City: West Warwick State: RI Zip: 02893
Director Name: Dennis Langevin	Director Name: David Magiera
Street Address: 9 Apoloosa Ct	Street Address: 25 Park St.
City: Seekonk State: Ma Zip: 02771	City: West Warwick State: RI Zip: 02893

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	Date
George Slinn	6/27/18

Signature of Officer/Authorized Representative: George Slinn

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

FORM 631 - Revised: 11/2017