



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 1069

1. Entity ID Number 33939		2. Exact name of the Corporation 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 821 Cowesett Rd		City Warwick	State RI
		Zip 02886	
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>			
President Name William Forward		Vice President Name Anthony Roderick	
Street Address 940 Quaker Lane Apt 714		Street Address 2835 County St.	
City Warwick	State RI	City Dighton	State Ma
Zip 02818		Zip 02715	
Secretary Name Jennifer LaFleur		Treasurer Name George Slinn	
Street Address 49 Pleasant St		Street Address 343 Hillard Ave	
City West Warwick	State RI	City Warwick	State RI
Zip 02893		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 Anthony Cifizzari		Director Name Al Cormier	
Street Address 14 Sterbach St.		Street Address 18 Tampa St.	
City Bellingham	State Ma	City West Warwick	State RI
Zip 02019		Zip 02893	
Director Name Dennis Langevin		Director Name David Magiera	
Street Address 9 Apoloosa Ct		Street Address 25 Park St.	
City Seekonk	State Ma	City West Warwick	State RI
Zip 02771		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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative George Slinn			Date 6/27/18
Signature of Officer/Authorized Representative <i>George Slinn</i>			

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