



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2019

**1. Corporate ID No.** 000984973

**2. Name of Corporation** Friends Of The Barrington Dog Park

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813319

**4. Corporate Address in Rhode Island**

No. and Street: P.O. BOX 15401

City or Town: RIVERSIDE

State: RI

Zip: 02915

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 15 BOYD AVE

City or Town: EAST PROVIDENCE

State: RI

Zip: 02914

Country: 999

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

RAISING OF FUNDS AND SOLICITING OF MEMBERS AND PUBLICIZING THE EXISTENCE OF, AS WELL AS CONTINUING THE MAINTAINING THE FENCED IN, OFF-LEASH DOG AREA IN BARRINGTON, RI.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title**

**Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	BRIANNA TOZIER	15 BOYD AVENUE EAST PROVIDENCE, RI 02914 USA
TREASURER	HOWARD LUKOFF	40 BRISTOL AVENUE RIVERSIDE, RI 02915 USA
SECRETARY	TIM COFFEY	676 COUNTY ROAD BARRINGTON, RI 02806 USA
VICE PRESIDENT	ASHLEE CABRAL	417 MAPLE AVENUE BARRINGTON, RI 02806 USA
DIRECTOR	BRIANNA TOZIER	15 BOYD AVE EAST PROVIDENCE, RI 02914 USA
DIRECTOR	ASHLEE CABRAL	417 MAPLE AVENUE BARRINGTON, RI 02806 USA
DIRECTOR	TIM COFFEY	676 COUNTY ROAD BARRINGTON, RI 02806 USA
DIRECTOR	HOWARD LUKOFF	40 BRISTOL AVENUE RIVERSIDE, RI 02915 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

BRIANNA TOZIER 15 BOYD AVENUE EAST PROVIDENCE , RI 02914

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 12 Day of June, 2019 at 12:26:58 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By BRIANNA TOZIER  
Signature of Authorized Person

Form No. 631  
Revised 09/07