



RI SOS Filing Number: 201919269920 Date: 9/11/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

SEP 11 2019

Annual Report for the year: 2019

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 001682358		2. Exact name of the Corporation South Kingstown Dog Park Association	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Our Mission is to monitor and improve the grounds of South Kingstown Dog Park	
4. NAICS Code 813312			
6. Principal Office Address 311 North Rd.		City Wakefield	State RI
		Zip 02879	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>			
President Name BYRON N. CAHOONE, JR		Vice-President Name ELIZABETH A. KEARNS	
Street Address 311 NORTH ROAD		Street Address 97 SPENCER CT.	
City WAKEFIELD	State RI	City WAKEFIELD	State RI
Zip 02879		Zip 02879	
Secretary Name David Gesoro		Treasurer Name David Gesoro	
Street Address 220 Biscuit City Rd		Street Address 220 Biscuit City Rd	
City Kingston	State RI	City Kingston	State RI
Zip 02881		Zip 02881	
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 Kristen Taranto		Director Name Krista Prescott	
Street Address 130 Gladstone St		Street Address 35 Church Lane	
City Cranston	State RI	City Wickford	State RI
Zip 02920		Zip 02852	
Director Name Susan Susan Brown		Director Name	
Street Address 43 Brandywyne Court		Street Address	
City Wakefield	State RI	City	State
Zip 02879		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 David R Gunn			Date 9/5/2019
Signature of Officer/Authorized Representative			

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: 03/2019