



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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.

**FILED**

DEC 06 2019 JV

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1. Entity ID Number <b>33939</b>		2. Exact name of the Corporation <b>Little Rhody Beagle Club Inc.</b>			
3. State of Incorporation <b>R.I.</b>		5. Brief description of the character of business conducted in Rhode Island <b>Training AKC beagles</b>			
4. NAICS Code <b>712190</b>					
6. Principal Office Address <b>821 Cowesett Rd.</b>		City <b>Warwick</b>	State <b>R.I.</b>	Zip <b>02886</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Tony Roderick</b>			Vice-President Name <b>Paul Lynch</b>		
Street Address <b>2835 County St.</b>			Street Address <b>29 Tierway Ave.</b>		
City <b>Dighton</b>	State <b>Ma</b>	Zip <b>02715</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
Secretary Name <b>Michael Shaw</b>			Treasurer Name <b>George Slinn</b>		
Street Address <b>824 Cowesett Rd</b>			Street Address <b>343 Hillard Ave</b>		
City <b>Warwick</b>	State <b>R.I.</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
Director Name <b>Tony Roderick</b>			Director Name <b>Michael Shaw</b>		
Street Address <b>(see above)</b>			Street Address <b>(see above)</b>		
City	State	Zip	City	State	Zip
Director Name <b>Paul Lynch</b>			Director Name <b>George Slinn</b>		
Street Address <b>(see above)</b>			Street Address <b>(see above)</b>		
City	State	Zip	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>George Slinn</b>				Date <b>12/3/19</b>	
Signature of Officer/Authorized Representative 					

MAIL TO:  
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