



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

1198

1. Entity ID Number 33939		2. Exact name of the Corporation Little Rhody Beagle Club Inc.	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island Training AKC beagles	
4. NAICS Code 712190			
6. Principal Office Address 821 Cowesett Rd.		City Warwick	State R.I.
		Zip 02886	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Tony Roderick		Vice-President Name Paul Lynch	
Street Address 2835 County St.		Street Address 29 Tierway Ave.	
City Dighton	State Ma	Zip 02715	City Warwick
			State RI
			Zip 02886
Secretary Name Michael Shaw		Treasurer Name George Slinn	
Street Address 824 Cowesett Rd		Street Address 343 Hillard Ave	
City Warwick	State R.I.	Zip 02886	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 <input checked="" type="checkbox"/>			
Director Name Tony Roderick		Director Name Michael Shaw	
Street Address (see above)		Street Address (see above)	
City	State	Zip	City
			State
			Zip
Director Name Paul Lynch		Director Name George Slinn	
Street Address (see above)		Street Address (see above)	
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.			
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 George Slinn			Date 12/3/19
Signature of Officer/Authorized Representative 			

MAIL TO:

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