



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

FILED

Annual Report for the year: **2020**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1

APR 02 2020
BY 257 OS

1. Entity ID Number 000120980		2. Exact name of the Corporation Rhode Island K-9 Academy, Inc.												
3. Principal Office Address P.O. Box 207			City Coventry	State RI	Zip 02816									
4. NAICS Code 812910		6. Brief description of the character of business conducted in Rhode Island Training and sale of dogs for various purposes and applications; providing instruction to dog owners and handlers.												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Kimberly A. Reardon			Vice-President Name Roger J. Reardon											
Street Address P.O. Box 207			Street Address P.O. Box 207											
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816									
Secretary Name Kimberly A. Reardon			Treasurer Name Roger J. Reardon											
Street Address P.O. Box 207			Street Address P.O. Box 207											
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS SERIES	PAR VALUE	100	Common	No Par Value			
		NUMBER OF SHARES	CLASS SERIES	PAR VALUE										
100	Common	No Par Value												
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.														
Name of Authorized Representative Kimberly A. Reardon, President				Date 3/26/2020										
Signature of Authorized Representative <i>Kimberly A. Reardon</i>														

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov