



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

Annual Report for the year: 2020  
 Corporation

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

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

2020 MAY 27 AM 8:34

1. Entity ID Number <b>001683198</b>		2. Exact name of the Corporation <b>BIG DAWG CONSULTING, INC.</b>			
3. Principal Office Address <b>176 ALPINE ESTATES DRIVE</b>		City <b>CRAVSTON</b>		State <b>RI</b>	Zip <b>02921</b>
4. NAICS Code <b>541618</b>		6. Brief description of the character of business conducted in Rhode Island <b>IT CONSULTING SERVICES</b>			
5. State of Incorporation <b>RI</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>THOMAS V. SWANNY JR.</b>			Vice-President Name <b>NONE</b>		
Street Address <b>176 ALPINE ESTATES DRIVE</b>			Street Address		
City <b>CRAVSTON</b>		State <b>RI</b>	Zip <b>02921</b>		
Secretary Name <b>NONE</b>			Treasurer Name <b>NONE</b>		
Street Address			Street Address		
City		State	Zip		
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City		State	Zip		
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City		State	Zip		
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>0</b>			<b>0.01</b>
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 <b>THOMAS V. SWANNY JR.</b>				Date <b>5/16/2020</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**  
 MAY 27 2020  
 BY **AKRMG**  
**AA.**