



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

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.

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2020 MAY 27 AM 8:34

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|---|--|---|--------------------|
| 1. Entity ID Number 001683198 | | 2. Exact name of the Corporation BIG DAWG CONSULTING, INC. | |
| 3. Principal Office Address 176 ALPINE ESTATES DRIVE | | City CRASTON | State RI |
| | | Zip 02921 | |
| 4. NAICS Code 541618 | 6. Brief description of the character of business conducted in Rhode Island IT CONSULTING SERVICES | | |
| 5. State of Incorporation RI | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name THOMAS V. SWANNY JR. | | Vice-President Name NONE | |
| Street Address 176 ALPINE ESTATES DRIVE | | Street Address | |
| City CRASTON | State RI | Zip 02921 | |
| Secretary Name NONE | | Treasurer Name NONE | |
| Street Address | | Street Address | |
| City | State | Zip | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name NONE | | Director Name NONE | |
| Street Address | | Street Address | |
| City | State | Zip | |
| Director Name NONE | | Director Name NONE | |
| Street Address | | Street Address | |
| 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. | | NUMBER OF SHARES | |
| | | CLASS/SERIES | |
| | | PAR VALUE | |
| | | 0 | |
| | | 0.01 | |
| | | | |
| 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 THOMAS V. SWANNY JR. | | Date 5/16/2020 | |
| Signature of Authorized Representative | | SIGN DOCUMENT HERE FILED MAY 27 2020 BY 4KRMG AA. | |

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov