



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

1. Corporate ID No. 001688343

2. Name of Corporation German Shepard Dog Club of Rhode Island

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813990

4. Corporate Address in Rhode Island

No. and Street: 300 CENTERVILLE ROAD
SUMMIT EAST, SUITE 320

City or Town: WARWICK

State: RI Zip: 02886 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

THE PROMOTION AND ADVANCEMENT OF THE STANDARD OF THE GERMAN SHEPARD DOG AS PROMULGATED BY THE GERMAN SHEPARD DOG CLUB OF AMERICA AS ADOPTED BY THE AMERICAN KENNEL CLUB. TO PROTECT, ADVANCE AND IMPROVE THE INTEREST OF THE BREED. TO PROMOTE THE GIVING AND SUPPORTING BREED AND OBEDIENCE SHOWS AS WELL AS OTHER DISCIPLINES SUCH AS HERDING, TRACKING AND FIELD WORK AND GOOD CANINE CITIZENSHIP.

FURTHER TO EDUCATE THE PUBLIC OF AN APPRECIATION OF A HIGHER STANDARD OF THE GERMAN SHEPARD DOG; TO CREATE HARMONY AND A BETTER FEELING AMONG BREEDERS AND DOG OWNERS BY LENDING AID, ENCOURAGEMENT, COUNSEL AND ADVICE. IN GENERAL, TO AID BY EVERY POSSIBLE MEANS IN DEMONSTRATING ITS CONSPICUOUS ABILITIES AS COMPANION, POLICE, WAR, REDCROSS, HERDING, GUIDE DOG, AND FOR ALL OTHER BENEFICIAL PURPOSES TO AID MANKIND.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	ALBERT C ENGELMANN	720 PUTNAM PIKE # 202 GREENVILLE, RI 02828 USA
DIRECTOR	GLORIA WASHBURN	P.O. BOX 539 NORTH SCITUATE, RI 02857 USA
DIRECTOR	ANTHONY MOTTA	12 ACCIARDO DR GLOCESTER, RI 02814 USA
DIRECTOR	ALICE NARDONE	524 TRIMTOWN ROAD NORTH SCITUATE, RI 02857 USA
DIRECTOR	JOHN J. WASHBURN	P.O. BOX 539 NORTH SCITUATE, RI 02857 USA
DIRECTOR	VINCENT INDEGLIA	300 CENTERVILLE ROAD WARWICK, RI 02886 USA
DIRECTOR	ALLEGRA INDEGLIA	300 CENTERVILLE ROAD WARWICK, RI 02886 USA
DIRECTOR	SANDRA LINDSAY	214 FARNUM PIKE SMITHFIELD, RI 02917 USA
DIRECTOR	ARTHUR NARDONE	524 TRIMTOWN ROAD NORTH SCITUATE, RI 02857 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

VINCENT A. INDEGLIA 300 CENTERVILLE ROAD SUITE 320 EAST WARWICK , RI 02886

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 27 Day of October, 2020 at 2:35:41 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By VINCENT A. INDEGLIA, ESQ.
Signature of Authorized Person

Form No. 631
Revised 09/07

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