RI SOS Filing Number: 202193864230 Date: 3/12/2021 8:36:00 AM

State of Rhode Island

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.

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1. Entity ID Number	2. Exact name of the Corporation
000150540	Community Canines for Companionship and Care
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island
RI	Organization that is committed to supporting, guiding and teaching canines and their guardians
4. NAICS Code	
624190	

6. Principal Office Address	City	State	Zip
11 Salisbury Road	Foster	RI	02825

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Pauline P. Sambain			Vice-President Name:		
Street Address: 11 Salisbury Road			Street Address:		
City: Foster, RI	State: RI	Zip: 02825	City:	State:	Zip:
Secretary Name:			Treasurer Name: Kristine Cardarelli		
Street Address:			Street Address: 11 Salisbury Road		
City:	State:	Zip:	City: Foster	State: RI	Zip: 02825

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Lisa C Sambain			Director Name: Claire Senecal		
Street Address: 11 Salisbury Road			Street Address: 13 Douglas Terr		
City: Foster	State: RI	Zip: 02825	City: No Providence	State: RI	Zip: 02904
Director Name: Tina Senecal			Director Name:		
Street Address: 13 Douglas Cir			Street Address:		
City: Greenville	State: RI	Zip: 02828	City:	State:	Zip:

9. The Registered Agent information of record with the RI Department of State is accurate. 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	Date
Pauline P. Sambain	March 11, 2021

Signature of Officer/Authorized Representative: Pauline P. Sambain

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MAR 12 2021

BY CHRIS

8:36

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

FORM 631 - Revised: 08/2020