RI SOS Filing Number: 202197270280 Date: 5/28/2021 9:04:00 AM

State of Rhode Island
Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 MAY 28 AM 9:03

Annual Report for the year: ~~2019~~ 2020
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.

1. Entity ID Number	2. Exact name of the Corporation
000030418	Rhode Island Kennel Club
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	Dog club
4. NAICS Code	
81341D	

6. Principal Office Address	City	State	Zip
58 Pheasant Dr	Cranston	RI	02920

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

President Name	Vice-President Name
Kim Walsh	Bram Lowney
Street Address: 58 Pheasant Dr	Street Address: 1307 Gaulers Neck
City: Cranston State: RI Zip: 02920	City: Swansea State: MA Zip: 02717
Secretary Name: Judy Gates	**Treasurer Name:** Athea Lonnetti
Street Address: 99 Goldsmith Ave #405	Street Address: 34 orchard Dr
City: East Providence State: RI Zip: 02914	City: Hope State: RI Zip: 02831

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

Director Name	Director Name
Kathy Augaitis	Steven Gray
Street Address: 5686 Plat Rd	Street Address: 68 Standish Ave
City: Greene State: RI Zip: 02827	City: Pawtucket State: RI Zip: 02908
Director Name: Jenny Dickerson	**Director Name**
Street Address: 84 Nimitz RD	Street Address
City: Rumford State: RI Zip: 02916	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
Kim Walsh	5/24/2021
Signature of Officer/Authorized Representative	
Kim Walsh	

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 28 2021
BY CN NEGJB
9:04

FORM 631 - Revised: 08/2020