



Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2021

- Filing period: February 1 - May 1
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED STAMP
R.I. DEPT. OF STATE
BUS SVCS DIV. FOR SECRETARY OF STATE
OFFICE

2022 JAN 28 PM 3:18

1. Entity ID Number 634564		2. Exact name of the Corporation W.A.R. S.O.G.S. INC.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island HELPING VETERANS AND K-9 VETERANS			
4. NAICS Code 813410					
6. Principal Office Address 8 SHERMAN AVE		City LINCOLN		State R.I.	Zip 02865
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RALPH D. LITZ		Vice-President Name PHILIP BOURGOIN			
Street Address 8 SHERMAN AVE.		Street Address 155 ARNOLDS NECK DRIVE			
City LINCOLN	State R.I.	Zip 02865	City WARWICK	State R.I.	Zip 02886
Secretary Name NORMA CODORI		Treasurer Name PHILIP BOURGOIN			
Street Address 34 CHERRY HILL Rd.		Street Address 155 ARNOLDS NECK DRIVE			
City JOHNSTON	State R.I.	Zip 02919	City WARWICK	State R.I.	Zip 02886
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name RALPH D. LITZ		Director Name NORMA CODORI			
Street Address 8 SHERMAN AVE.		Street Address 34 CHERRY HILL Rd.			
City LINCOLN	State R.I.	Zip 02865	City JOHNSTON	State R.I.	Zip 02919
Director Name PHILIP BOURGOIN		Director Name			
Street Address 155 ARNOLDS NECK DR.		Street Address			
City WARWICK	State R.I.	Zip 02886	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 RALPH D. LITZ				Date 8/24/21	
Signature of Officer/Authorized Representative <i>Ralph D. Litz</i>				FILED	

JAN 28 2022

LRCPA

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