State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Non-Profit Corporation
→ 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
2022 JAN 28 PM 3:18

1. Entity ID Number	2. Exact name of the Corporation
634564	W.A.R. D.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	City	State	Zip
8 SHERMAN AVE.	LINCOLN	R.I.	02865

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

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 ☐

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	Date
RALPH D. LITZ	8/24/21

Signature of Officer/Authorized Representative: Ralph D. Litz

FILED
JAN 28 2022
RRCPA: AA.
3:20 PM

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: 11/2021