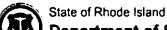
RI SOS Filing Number: 202208837820 Date: 1/28/2022 3:19:00 PM



Department of State - Business Services Division

Annual	Report	for	the	year:
Non-Pro	ofit Core	oora	atio	n

2020

→ Filing period: February 1 - May 1
→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.		2022 JAN 28 PM 3: 18					
1. Entity ID Number	2. Exact name of the Corporation						
634564	W-A-R. Dag.s. INC.						
3. State of Incorporation RHODE /SLAND	5. Brief description of the character of business conducted in Rhode Island						
4. NAICS CODE 4. NAI	HELPING VETERANS AND K-9. VETERANS						
6. Principal Office Address		City	State	Zip			
8 SHERMAN AVE.		LINCOLN	R.I.	02865			
7. List ALL officers (names and add	dresses)	Chec	ck 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					
	State R. I. 2ip 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		Oirector Name NORMA CODORI					
Street Address 8 SHERMAN AVE.		Street Address 34 CHERRY HILL Rd.					
City LINCOLN	State Zip 02865	CITY JOHNSTON	State P. I.	Zip 02919			
	BOURGOIN	Director Name					
Street Address /55 ARA	JOLDS NECK DR.	Street Address					
City WARWICK	State R. I. Zip 02886	City	State	Zip			
	on of record with the RI Department of	of State is accurate. Changes require	e 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 Pre	sident, Vice-President, Secretary, Assistant Sec	cretery, Treesurer, duly Authorized Representa	tive, Receiver or Truste	Ø.			
Name of Officer/Authorized Repre			Date TULY	11,20			
Signature of Officer/Authorized Re	presentative	FILED	1				
Ralph D.	. a ris	JAN 2 8 2022					
MAIL TO:	•	JAIN 20 COST IN A.					

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