



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

2020

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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2022 JAN 28 PM 3:18

1. Entity ID Number 634564		2. Exact name of the Corporation W.A.R. DOGS 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.	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.	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.	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.	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 JULY 11, 20
Signature of Officer/Authorized Representative Ralph D. Litz			

FILED

JAN 28 2022

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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