

**State of Rhode Island
Office of the Secretary of State****Fee: \$20.00**Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2023**1. Corporate ID No.** 000027504**2. Name of Corporation** KEY DOG TRAINING CLUB**3. State of Incorporation**State: RI**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813990**4. Principal Office Address**No. and Street: 19 LONGFELLOW DRIVECity or Town: NORTH KINGSTOWNState: RIZip: 02852Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**DOG TRAINING**6. Names and Addresses of the Officers and Directors:**

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	DAVID VANDERPYL	19 LONGFELLOW DRIVE NORTH KINGSTOWN, RHODE ISLAND, RI 02852 USA
TREASURER	DOROTHY M VANDERPYL	19 LONGFELLOW DR NORTH KINGSTOWN, RI 02852 USA
SECRETARY	KAREN DABROSCA	111 FLEETWOOD DR SAUNDERSTOWN, RI 02874 USA
DIRECTOR	DEBORAH L SANTTI	60 CREAMER AVE WARWICK, RI 02886 USA
DIRECTOR	CHRISTINE A PALMER	1158 SISSON RD GREENE, RI 02827 USA
DIRECTOR	VINCE DABROSCA	111 FLEETWOOD DR SAUNDERSTOWN, RI 02874 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

DOROTHY VANDER PYL 19 LONGFELLOW DRIVE NORTH KINGSTOWN , RI 02852

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 1 Day of February, 2023 at 3:12:25 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By DOROTHY M VANDERPYL
Signature of Authorized Person

Form No. 631
Revised 09/07

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