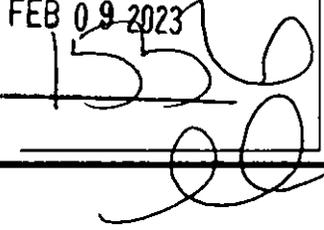


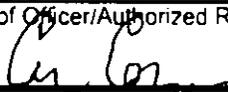


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED
 FEB 09 2023
 BY 

1. Entity ID Number 000029350		2. Exact name of the Corporation SOUTH COUNTY KENNEL CLUB, INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO HOLD AKC LICENSED DOG SHOWS AND MATCHES AND EDUCATE THE GENERAL PUBLIC CONCERNING PURE BRED DOGS			
4. NAICS Code 112990					
6. Principal Office Address 69A MOOSUP VALLEY ROAD			City FOSTER	State RI	Zip 02825
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President: Name TONY RAPOSO			Vice-President Name ROLAND PELLAND		
Street Address 166 FAYAL LANE			Street Address 149 MENDON ROAD		
City MIDDLETOWN	State RI	Zip 02842	City ATTLEBORO	State MA	Zip 02703
Secretary Name DIANE CONYERS			Treasurer Name COLLEEN CROTEAU		
Street Address 267 WIDOW SWEETS ROAD			Street Address 69A MOOSUP VALLEY ROAD		
City EXETER	State RI	Zip 02822	City FOSTER	State RI	Zip 02825
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 BRAD VAN ALFEN			Director Name KAT SMITH		
Street Address 190 LIBERTY STREET			Street Address PO BOX 778		
City BRAINTREE	State MA	Zip 02184	City WYOMING	State RI	Zip 02898
Director Name SHARON RAPOSO			Director Name		
Street Address 166 FAYAL LANE			Street Address		
City MIDDLETOWN	State RI	Zip 02842	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative COLLEEN CROTEAU				Date 2/4/2023	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov