| | State of Rhode | | Fee: \$20.00 | |
|---|--|------------------------------------|---------------------|--|
| | Office of the Secret Division Of Busines 148 W. River S Providence RI 029 (401) 222-30 | s Services Street 904-2615 | | |
| Non-Profit Corporation Annual Report Filing Period: February 1 - May | | /+0 | | |
| 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 - ENTER THE CURRENT FILING YEAR 2023 : 2023 | | | | |
| 1. Corporate ID No. 001335471 | | | | |
| 2. Name of Corporation <u>New England Canine Search & Rescue</u> | | | | |
| 3. State of Incorporation | | | | |
| State: <u>RI</u> | | | | |
| 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 <u>click here.</u> | | | | |
| NAICS Code | | | | |
| <u>624230</u> | | | | |
| 4. Principal Office Address | | | | |
| No. and Street: 197 OLD MOUNTAIN TRAIL | | | | |
| City or Town: WEST KIN | | State: <u>RI</u> Zip: <u>02892</u> | Country: <u>USA</u> | |
| 5. Brief Description of the Character of the Affairs Conducted in Rhode Island | | | | |
| A VOLUNTEER ALL RESPONSE CANINE SEARCH AND RESCUE TEAM THAT WILL | | | | |
| RESPOND TO SEARCHES FOR MISSING PEOPLE AND RELATED ACTIVITIES | | | | |
| 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 | Address | s | |

| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country | |
|----------------|-----------------------------|---|--|
| PRESIDENT | ERICA GAYLE VIEIRA | 197 OLD MOUNTAIN TRAIL WEST KINGSTON, RI 02892 USA | |
| TREASURER | MICHELLE MEDERIOUS | 780 OLD COUNTY ROAD WESTPORT, MA 02790 USA | |
| SECRETARY | MELISSA GOSSELIN | 14 APPLE HILL DRIVE CRANSTON, RI 02921 USA | |
| VICE PRESIDENT | DEBRA VIGEANT | 1 THOMAS STREET WESTPORT, MA 02790 USA | |
| CLERK | ERICA G VIEIRA | 197 OLD MOUNTAIN TRAIL WEST KINGSTON, RI 02892 USA | |
| DIRECTOR | ERICA G VIEIRA | 197 OLD MOUNTAIN TRAIL WEST KINGSTON, RI 02892 USA | |
| DIRECTOR | MICHELLE MEDERIOS | 780 OLD COUNTY ROAD WESTPORT, MA 02790 USA | |
| DIRECTOR | DEBRA VIGEANT | 1 THOMAS STREET WESTPORT, MA 02790 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

ERICA G. VIEIRA 197 OLD MOUNTAIN TRAIL RICHMOND , RI 02892

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

Signed this 8 Day of May, 2023 at 1:43:45 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 ERICA VIEIRA

Signature of Authorized Person

Form No. 631 Revised 09/07

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