



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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FOR
SECRETARY OF STATE
USE ONLY

2023 MAY 31 A 10:49

1. Entity ID Number 000120980		2. Exact name of the Corporation Rhode Island K-9 Academy, Inc.			
3. Principal Office Address P.O. BOX 207			City COVENTRY	State RI	Zip 02816
4. NAICS Code 812910		6. Brief description of the character of business conducted in Rhode Island Training and sale of dogs for various purposes and applications; providing instruction to dog owners and handlers.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KIMBERLY A. REARDON			Vice-President Name ROGER J. REARDON		
Street Address P.O. BOX 207			Street Address P.O. BOX 207		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name KIMBERLY A. REARDON			Treasurer Name ROGER J. REARDON		
Street Address P.O. BOX 207			Street Address P.O. BOX 207		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE NO PAR VALUE
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.					
Name of Authorized Representative KIMBERLY A. REARDON, PRESIDENT				Date 4/22/2023	
Signature of Authorized Representative <i>Kimberly A. Reardon</i>					

FILED

MAY 31 2023
BY *ML* 332

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 630 - Revised: 2/2023