



**State of Rhode Island
Department of State - Business Services Division**

FILED

JAN 30, 2024

BY

Annual Report for the year: 2024

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.

1. Entity ID Number 000029350		2. Exact name of the Corporation SOUTH COUNTY KENNEL CLUB, INC.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island DOG ACTIVITIES TO PROMOTE EDUCATION ABOUT PUREBRED BREEDS			
4. NAICS Code 12990					
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 SUSAN WATERMAN			Treasurer Name COLLEEN CROTEAU		
Street Address 26 CROSS BOW LANE			Street Address 69A MOOSUP VALLEY ROAD		
City WEST WARWICK	State RI	Zip 02893	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 LORENA CLARK			Director Name SHARON RAPOSO		
Street Address 30 GARDINER ROAD			Street Address 166 FAYAL LANE		
City RICHMOND	State RI	Zip 02892	City MIDDLETOWN	State RI	Zip 02042
Director Name KAT SMITH			Director Name		
Street Address PO BOX 778			Street Address		
City WYOMING	State RI	Zip 02898	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.					
<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 1/25/24	
Signature of Officer/Authorized Representative 					

MAIL TO:
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 Website: www.sos.ri.gov