



State of Rhode Island
Department of State - Business Services Division

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 000046995 | | 2. Exact name of the Corporation Field Spaniel Society of America | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island Social Dog Club | |
| 4. NAICS Code 813990 | | Type 7-6 | |
| 6. Principal Office Address 413 Tower Hill Rd. | | City N. Kingston | State RI |
| | | Zip 02852 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Patricia Williams | | Vice President Name Daphne Storer | |
| Street Address 115 Clearbrook Dr. | | Street Address 4013 Pratt Rd. | |
| City Rochester | State NY | City Metamora | State MI |
| Zip 14609 | | Zip 48455 | |
| Secretary Name Sheila Miller | | Treasurer Name CORINNE DOOLEY | |
| Street Address 3650 John Tyler Ave | | Street Address 3021 Best Rd | |
| City Battle Mountain | State NV | City Maryville | State TN |
| Zip 89820 | | Zip 37803 | |
| 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 Pamela Boyer | | Director Name Ashley Mroz | |
| Street Address 1778 S. 1500 East | | Street Address 4475 Merwin Rd | |
| City Driggs | State ID | City Lapeer | State MI |
| Zip 83422 | | Zip 48446 | |
| Director Name John Sherman | | Director Name Frank Hauenschild | |
| Street Address 16356 Burnham Dr. | | Street Address 23814 Plum Valley Dr. | |
| City Strongsville | State OH | City Crete | State IL |
| Zip 44149 | | Zip 60417 | |
| 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. | | | |
| This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee | | | |
| Name of Officer/Authorized Representative Corinne Dooley | | Date 10/02/2024 | |
| Signature of Officer/Authorized Representative Corinne Dooley | | Treasurer FILE | |

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

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