State of Rhode Island
Department of State - Business Services Division

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25 APR 28 PM 2:52:08

Annual Report for the year: 2025
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	2. Exact name of the Corporation
634564	WAR DOGS, INC.
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RHODE ISLAND	HELPING VETERANS AND K-9 VETERANS
4. NAICS Code	
813410	

6. Principal Office Address	City	State	Zip
8 SHERMAN AVE	LINCOLN	RI	02865

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
RALPH P. LITZ	PHILIP BOURGIN
Street Address	**Street Address**
8 SHERMAN AVE	155 ARNOLDS NECK DRIVE
City: LINCOLN — State: R.I — Zip: 02865	City: WARWICK — State: RI — Zip: 02886
Secretary Name	**Treasurer Name**
NORMA CODORI	PHILIP BOURGOIN
Street Address	**Street Address**
34 CHERRY HILL RD	155 ARNOLDS NECK RD
City: JOHNSTON — State: R.I — Zip: 02919	City: WARWICK — State: RI — Zip: 02886

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
RALPH P. LITZ	NORMA CODORI
Street Address	**Street Address**
8 SHERMAN AVE	34 CHERRY HILL RD
City: LINCOLN — State: R.I — Zip: 02865	City: JOHNSTON — State: RI — Zip: 02919
Director Name	**Director Name**
PHILIP BOURGOIN	
Street Address	**Street Address**
155 ARNOLDS NECK RD	
City: WARWICK — State: R.I — Zip: 02886	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.

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	Date
RALPH D. LITZ	APRIL 28, 2025

Signature of Officer/Authorized Representative: Ralph D. Litz

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

FILED
APR 28 2025
BY NGJN

FORM 631- Revised. 12/2023