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STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
112694	Pet Foods Plus, Inc.

3. Street Address Principal Business Office	City	State	Zip
30 Gooding Avenue	Bristol	RI	02809

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(508) 223-4838	Rhode Island	

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE BUSINESS OF OPERATING A PET FOODS BUSINESS

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Philip F. Daniels	43 Ridgehill Road	Attleboro	MA	02703

Vice President Name	Street Address	City	State	Zip
Susan S. Daniels	43 Ridgehill Road	Attleboro	MA	02703

Secretary Name	Street Address	City	State	Zip
Susan S. Daniels	43 Ridgehill Road	Attleboro	MA	02703

Treasurer Name	Street Address	City	State	Zip
Philip E. Daniels	43 Ridgehill Road	Attleboro	MA	02703

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Philip F. Daniels	43 Ridgehill Road	Attleboro	MA	02703

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
Susan S. Daniels	**43 Ridgehill Road**	**Attleboro**	**MA**	**02703**

Director Name	Street Address	City	State	Zip
NONE				

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES		
Number of Shares	*Class/Series*	*Par Value*
2,000	COMMON	NO PAR VALUE

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*
1,000	**COMMON**	**NO PAR**

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] 1 1 2 6 9 4 [redacted]

File Date FILED
Check No. JAN 22 2008
By: By 14046 MMC
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18768-33-218823

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.

Signature of Officer *Date* 1/16/08

Philip F. Daniels
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01