



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. 112694		2. Name of Corporation Pet Foods Plus, Inc.	
3. Street Address Principal Business Office 30 Gooding Avenue		City Bristol	State RI
4. Business Phone No. (508) 223-4838		5. State of Incorporation Rhode Island	6. SIC Code 02809
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Philip F. Daniels		Vice President Name Susan S. Daniels	
Street Address 43 Ridgehill Road		Street Address 43 Ridgehill Road	
City Attleboro	State MA	Zip 02703	City Attleboro
Secretary Name Susan S. Daniels	Treasurer Name Philip E. Daniels		
Street Address 43 Ridgehill Road		Street Address 43 Ridgehill Road	
City Attleboro	State MA	Zip 02703	City Attleboro
State MA		Zip 02703	

9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Philip F. Daniels		Director Name NONE	
Street Address 43 Ridgehill Road		Street Address	
City Attleboro	State MA	Zip 02703	City
Director Name Susan S. Daniels		Director Name NONE	
Street Address 43 Ridgehill Road		Street Address	
City Attleboro	State MA	Zip 02703	City
State MA		Zip	

10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (X BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000	COMMON	NO 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



1 1 2 6 9 4

File Date **FILED**

Check No. **JAN 22 2008**

By: **14046 MNC**

FOR SECRETARY OF STATE USE ONLY

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.

Philip F. Daniels 1/1/08
Signature of Officer Date
Philip F. Daniels
Print or Type Name of Officer
President
Title of Officer