



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>135390</b>		2. Name of Corporation <b>Our House Pet Lodge, Inc.</b>		
3. Street Address Principal Business Office <b>204 Old Mountain Lane</b>		City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>
4. Business Phone No. <b>(401) 539-1143</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief Description of the Character of Business Conducted in Rhode Island <b>Owning and operating of boarding facility for pets, livestock and other animals</b>				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>Mary Jane C. Sobieski</b>		Vice President Name <b>None</b>		
Street Address <b>204 Old Mountain Road</b>		Street Address		
City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>	City	State
Secretary Name <b>Mary Jane C. Sobieski</b>		Treasurer Name <b>Mary Jane C. Sobieski</b>		
Street Address <b>204 Old Mountain Road</b>		Street Address <b>204 Old Mountain Road</b>		
City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>	City <b>West Kingston</b>	State <b>RI</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <b>None</b>		Director Name <b>None</b>		
Street Address		Street Address		
City	State	Zip	City	State
Director Name <b>None</b>		Director Name <b>None</b>		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
<b>1000</b>	<b>No Par Value</b>		<b>100</b>	<b>Common</b>
				<b>No Par</b>

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

**FILED**  
**FILED**  
File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
**FEB 11 2008**  
By: \_\_\_\_\_  
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.

*Mary Jane C. Sobieski* 1/31/08  
Signature Date  
**Mary Jane C. Sobieski**  
Print or Type Name  
**President**  
Title