RI SOS Filing Number: 201060019960 Date: 03/08/2010 4:00 PM

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 2010

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.	2. Name of Corporation
138245	FAMILY COMPANIONS BY ROYAL FLUSH, INC.

3. Street Address Principal Business Office	City	State	Zip
95 Old Coach Road	Charlestown	RI	02813

4. Business Phone No.	5. State of Incorporation
401-364-3371	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
dog breeding, grooming, and sales

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

President Name	Vice President Name
Holly Anderson	None
Street Address	**Street Address**
95 Old Coach Road	
City / State / Zip	**City / State / Zip**
Charlestown / RI / 02813	
Secretary Name	**Treasurer Name**
Holly Anderson	Holly Anderson
Street Address	**Street Address**
95 Old Coach Road	95 Old Coach Road
City / State / Zip	**City / State / Zip**
Charlestown / RI / 02813	Charlestown / RI / 02813

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

Director Name	Director Name
None	None
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**
Director Name	**Director Name**
None	None
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
10	common	no par value

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.

[redacted]

[redacted]

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 — Date: 3/5/10

Holly Anderson
Print or Type Name

[redacted] President
Title

File Date FILED
Check No. MAR 0 8 2010
By: By 273
FOR SECRETARY OF STATE USE ONLY

46075-45-497509

Form 630 Rev. 08/08