



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 2011**

**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. 83963		2. Name of Corporation Stromberg Pets, Inc.			
3. Street Address Principal Business Office 726 Reservoir Avenue			City Cranston	State RI	Zip 02910
4. Business Phone No. 401-943-7775		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island THE OPERATION OF A PET STORE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Diane Stromberg			Vice President Name Kraig Stromberg		
Street Address 17 Yeles Avenue			Street Address 17 Yeles Avenue		
City Rockville	State RI	Zip 02873	City Rockville	State RI	Zip 02873
Secretary Name Tracy L. Stromberg			Treasurer Name Kraig Stromberg		
Street Address 17 Yeles Avenue			Street Address 17 Yeles Avenue		
City Rockville	State RI	Zip 02873	City Rockville	State RI	Zip 02873
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Diane Stromberg			Director Name Kraig Stromberg		
Street Address 17 Yeles Lane			Street Address 17 Yeles Lane		
City Rockville	State RI	Zip 02873	City Rockville	State RI	Zip 02873
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares None	Class Series	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.

**FILED**

FEB 18 2011

By DS

13784

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.

Diane Stromberg 1-21-11  
Signature Date

Diane Stromberg

Print or Type Name

President

Title

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
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