

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 2013

401.222.30Filing 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(edd)) 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	<i>z</i> <sub>ф</sub> 02910
4. Business Phone No. 5. State of Incorporation Rhode Island					
6. Brief Description of the Character THE OPERATION OF A PE	of Business Conducted in R ET STORE	bode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name .  Diane Stromberg			CHMENT) THIL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  Kraig Stromberg		
Street Address 17 Yeles Avenue			Street Address 17 Yeles Avenue		
cny Rockville	State RI	<sup>χ.φ</sup> 02873	City Rockville	State RI	<sup>Zip</sup> 02873
Secretary Name Tracy L. Stromberg			Treusurer Name Kraig Stromberg		
Street Address 17 Yeles Avenue			Street Address 17 Yeles Avenue		
City Rockville	State RI	<sup>Zip</sup> 02873	Rockville	State RI	02873
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name Diane Stromberg			Director Name Kraig Stromberg		<b>3</b> 000
Street Address 17 Yeles Lane			17 Yeles Lane		
City Rockville Director Name	State RI	02873	City Rockville Director Name	State RI	22873200 228732000 2287320000 22873200000
Street Address			Street Address © T		
Chy	State	Zip	City	State	Zip
9. SHARES AUTHORIZED	I		-	 ED <i>("X" BOX FOR ATTAC</i>   SECTION <u>MUST</u> BE COMPLETE	_
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			Number of Shares	Class Series	Par Value
			None		
77.			16.1		de efection as trustas
This report must be executed this report must be executed to			or trustee.		
		MAR 01 201	including any a	of perjury. I declare and affirm accompanying schedules and s in are true and correct.	n that I have examined this repstatements, and that all statem
File Date		3y. 1 1 4 3	Signature	Da Shim	blig JUII
Check No.			Diane Stromberg		
By:			Print or Type Name  President		
FOR SECRETARY OF STA	TE USE ONLY		Title		Form 630 Rev. 08/08