RI SOS Filing Number: 201436647090 Date: 03/03/2014 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation		
675935	R.I. PET FOODS PLUS INC.		
3. Principal office address: 30 GOODING AVENUE	City: BRISTOL	State: RI	Zip: 02809
4. Business Phone No.: (401) 253-2456	5. State of Incorporation: RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island: to sell pet foods and related to the business			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) ☐

President Name: JOSEPH L. PEREIRA			Vice-President Name: NONE		
Street Address: 30 GOODING AVENUE			Street Address:		
City: BRISTOL	State: RI	Zip: 02809	City:	State:	Zip:
Secretary Name: JOSEPH L. PEREIRA			Treasurer Name: JOSEPH L. PEREIRA		
Street Address: 30 GOODING AVENUE			Street Address: 30 GOODING AVENUE		
City: BRISTOL	State: RI	Zip: 02809	City: BRISTOL	State: RI	Zip: 02809

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) ☐

Director Name: JOSEPH L. PEREIRA			Director Name: NONE		
Street Address: 30 GOODING AVENUE			Street Address:		
City: BRISTOL	State: RI	Zip: 02809	City:	State:	Zip:
Director Name: NONE			Director Name: 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) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	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.

FILED
MAR 03 2014
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SECRETARY OF STATE
CORPORATIONS DIV
2014 MAR -3 PM 1:45

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.

Joseph Pereira 2-9-2014
Signature of Authorized Representative Date

JOSEPH L. PEREIRA
Print or Type Name of Authorized Representative

File Date: 3/3/14
Check No: 2273
By:
FOR SECRETARY OF STATE USE ONLY

103525-6-950444
Form No. 630
Revised: 01/2012