



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 2015

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. 106563		2. Exact name of the Corporation Cozy Quarters Pet Inn, Inc.		
3. Principal office address 89 Old Sayles Hill Rd		City N. Smithfield	State RI	Zip 02865
4. Business Phone No. 401-767-3300		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island THIS CORPORATION IS IN THE BUSINESS OF BOARDING DOGS & CATS				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Kim DiCostanzo		Vice President Name GIAN R. DiCostanzo		
Street Address 89 Old Sayles Hill Rd		Street Address 89 Old Sayles Hill Rd		
City N. Smithfield	State RI	Zip 02865	City N. Smithfield	State RI
City N. Smithfield	State RI	Zip 02865	City N. Smithfield	State RI
Secretary Name Kim DiCostanzo		Treasurer Name Kim DiCostanzo		
Street Address 89 Old Sayles Hill Rd		Street Address 89 Old Sayles Hill Rd		
City N. Smithfield	State RI	Zip 02865	City N. Smithfield	State RI
City N. Smithfield	State RI	Zip 02865	City N. Smithfield	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
City	State	Zip	City	State
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		1000	CNP	0

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.

File Date _____

FILED

Check No _____

JAN 23 2015

By: _____

7367

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.

Kim DiCostanzo
 Signature of Authorized Representative

Date

Kim DiCostanzo
 Print or Type Name of Authorized Representative