



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 |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| 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

FOR SECRETARY OF STATE USE ONLY

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