



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. 101829		2. Exact name of the Corporation COLONIAL KENNEL, INC.		
3. Principal office address 165 Douglas Pike		City Harrisville	State RI	Zip 02830
4. Business Phone No. 401-568-6261		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Manage or operate a kennel for the boarding of animals, including training and breeding of animals				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Michael Coutu		Vice-President Name Same		
Street Address 620 Colwell Road		Street Address Same		
City Harrisville	State RI	Zip 02830	City	State
Secretary Name Same		Treasurer Name Same		
Street Address Same		Street Address Same		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name None		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				
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) <input type="checkbox"/>		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		100	Common	No Par

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
 JAN 23 2015
 4730
 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.
 Signature of Authorized Representative: *Michael Coutu* Date: *1/10/15*
Michael Coutu - President
 Print or Type Name of Authorized Representative