



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. 81749		2. Exact name of the Corporation Pet Resort, Inc.			
3. Principal office address 29 Paris Irons Road		City Glocester	State RI	Zip 02857	
4. Business Phone No. (401) 568-7000		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To operate a full service pet kennel for dogs & cats					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Ann Marie Bouthillette			Vice-President Name Kevin Bouthillette		
Street Address 122 Limerock Road			Street Address 122 Limerock Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Kevin Bouthillette			Treasurer Name Ann Marie Bouthillette		
Street Address 122 Limerock Road			Street Address 122 Limerock Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Kevin Bouthillette			Director Name Ann Marie Bouthillette		
Street Address 122 Limerock Road			Street Address 122 Limerock Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			100	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.

File Date _____
 Check No _____
 By: _____

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.

Kevin Bouthillette **02/12/2015**
 Signature of Authorized Representative Date

Kevin Bouthillette, Vice President
 Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

FILED

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