



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. 134891		2. Exact name of the Corporation Metropet Dog Center, Inc.			
3. Principal office address 2057 West Shore Road			City Warwick	State RI	Zip 02889
4. Business Phone No. 732-3647			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Dog Grooming					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Michael MacCannell			Vice-President Name None		
Street Address 92 Lippitt Avenue			Street Address		
City Warwick	State RI	Zip 02889	City	State	Zip
Secretary Name Azure MacCannell			Treasurer Name Michael MacCannell		
Street Address 92 Lippitt Avenue			Street Address 92 Lippitt Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Michael MacCannell			Director Name Azure MacCannell		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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
			1000	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.

File Date _____
Check No _____
By: _____
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.

 27 Feb 2015
Signature of Authorized Representative Date

Michael MacCannell, President

Print or Type Name of Authorized Representative

FILED
MAR 05 2015
BY 2258