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 2016

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.	2. Exact name of the Corporation		
101829	**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) ☐

President Name: **Michael Coutu**			Vice-President Name: **Same**		
Street Address: **620 Colwell Road**			Street Address: **Same**		
City: **Harrisville**	State: **RI**	Zip: **02830**	City:	State:	Zip:
Secretary Name: **Same**			Treasurer Name: **Same**		
Street Address: **Same**			Street Address: **Same**		
City:	State:	Zip:	City:	State:	Zip:

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ('X' BOX FOR ATTACHMENT) ☐

Director Name: **None**			Director Name:		
Street Address:			Street Address:		
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) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	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 19 2016
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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 — Date 1/10/16

Michael Coutu - President
Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012