

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

3 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.

		LE THIS REPORT BY M	IARCH 31 WILL RES	ULT IN A \$25.00 PEN	ALTY FEE.	
1. Entity ID No. 333376		2. Exact name of the Corporation Ahead of the Pack, Pet Pampering, Inc.				
			ampenny, mc.			
3. Principal office address 340 Samuel Gorton Avenue			City Warwick	State RI	Zip 02889	
4. Business Phone No. 401-738-7225			5. State of Incorporation Rhode Island			
		s conducted in Rhode Island	d			
All lawful business	in pet services	3				
	NAMES AND ADDR	ESSES) ("X" BOX FOR A	TTACHMENT)			
President Name Karen Mulcahey			Vice-President Name Karen Mulcahey			
Street Address 6 Longmeadow Avenue			Street Address 6 Longmeadow Avenue			
ity Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889	
ecretary Name Karen Mulcahey			Treasurer Name Karen Mulcahey			
Street Address 6 Longmeadow Avenue			Street Address 6 Longmeadow Avenue			
ity Warwick	State Ri	Zip 02889	City Warwick	State RI	Zip 02889	
LIST ALL DIRECTORS	(NAMES AND ADD	RESSES) ("X" BOX FOR	1		1 -2-5-5	
rector Name Karen Mulcahey			Director Name			
treet Address S Longmeadow Ave	enue		Street Address			
ity Warwick	State RI	Zip 02889	City	State	Zip	
rector Name			Director Name			
Street Address			Street Address			
îty	State	Zip	City	State	Zip	
SHARES AUTHORIZED			10. SHARES ISSUED	 ("X" BOX FOR ATTACH	MENT)	
·· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
nis information is currently of record in the Office of the Secretary State. Changes require an additional filing. See Section 9 of instruction sheet.		100	Common	No Par		
his report must be execu		corporation by an authorize at be executed on behalf of			of a receiver or trustee	
File Date				rjury, I declare and affirm		
the Date			this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.			
By:			Signature of Authoriz	Makey	1/30/16	
FEB 0 9 2016 FEB 0 9 2016			Karen Mulcahe	V/	Date	
m No. 630	BY	nl 1540		of Authorized Representat	ive	

Revised: 01/2012