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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		
6597	DELMYRA KENNELS, INC.		
3. Principal office address: 191 TEN ROD RD., P.O. BOX 74	City: EXETER	State: RI	Zip: 02822
4. Business Phone No.: 401-294-3247	5. State of Incorporation: RHODE ISLAND		

6. Brief description of the character of business conducted in Rhode Island
CONDUCT THE BOARDING, GROOMING & TRAINING PETS

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
RUTH GORDON	SCOTT GORDON
Street Address: 191 TEN RD., P.O. BOX 74	Street Address: 191 TEN ROD RD.
City: EXETER State: RI Zip: 02822	City: EXETER State: RI Zip: 02822
Secretary Name: SCOTT GORDON	Treasurer Name: RUTH GORDON
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	Director Name
MARIE PLUCK	
Street Address: 1922 COUNTY RD. NN	Street Address
City: ELKHORN State: RI Zip: 53121	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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. 300 NO PAR VALUE

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	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: _____
FOR SECRETARY OF STATE USE ONLY

FILED
MAR 07 2016
BY 10960

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.

Ruth Gordon 3/3/16
Signature of Authorized Representative Date

RUTH GORDON
Print or Type Name of Authorized Representative

Form No. 630
Revised 03/01/2012 2114916