



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 101829		2. Exact name of the Corporation COLONIAL KENNEL, INC.			
3. Principal Office Address 165 Douglas Pike			City Harrisville	State RI	Zip 02830
4. NAICS Code 81 - Other Services (except Put		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			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Coutu			Vice-President Name Same		
Street Address 620 Colwell Road			Street Address		
City Harrisville	State RI	Zip 02830	City	State	Zip
Secretary Name Same			Treasurer Name Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par
11. 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. 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.					
Name of Authorized Representative Michael Coutu, President				Date	
Signature of Authorized Representative <i>Michael Coutu</i>				FILED 1/13/17 JAN 25 2017	
SIGN DOCUMENT HERE					
BY <i>5256 DS</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov