



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 110517		2. Exact name of the Corporation The Portsmouth Pet Salon, Inc.			
3. Principal Office Address 205 Clock Tower Square		City Portsmouth		State RI	Zip 02871
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Operate retail sales store of pet supplies and accessories and grooming of pets			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jamie Schilliro			Vice-President Name Marc Schilliro		
Street Address 205 Clock Tower Square			Street Address 205 Clock Tower Square		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Marc Schilliro			Treasurer Name Jamie Schilliro		
Street Address 205 Clock Tower Square			Street Address 205 Clock Tower Square		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Marc Schilliro			Director Name Jamie Schilliro		
Street Address 205 Clock Tower Square			Street Address 205 Clock Tower Square		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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		\$1.00 PAR VALUE	
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 schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative James Schilliro			Date JAN 30 2017		
Signature of Authorized Representative <i>X Jamie Schilliro</i>			SIGN DOCUMENT HERE <i>DDY558</i>		

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov