



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 <b>135390</b>		2. Exact name of the Corporation <b>Our House Pet Lodge, Inc.</b>			
3. Principal Office Address <b>204 Old Mountain Road</b>			City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>
4. NAICS Code <b>44-45 - Retail Trade</b> <input checked="" type="checkbox"/>		6. Brief description of the character of business conducted in Rhode Island <b>Boarding of dogs &amp; cats</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Mary Jane C Sobieski</b>			Vice-President Name <b>Mary Jane C Sobieski</b>		
Street Address <b>204 Old Mountain Road</b>			Street Address <b>204 Old Mountain Road</b>		
City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>	City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>
Secretary Name <b>Mary Jane C Sobieski</b>			Treasurer Name <b>Mary Jane C Sobieski</b>		
Street Address <b>204 Old Mountain Road</b>			Street Address <b>204 Old Mountain Road</b>		
City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>	City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
NUMBER OF SHARES					
CLASS/SERIES					
PAR VALUE					
100		Common		No 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 accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative <b>Mary Jane C Sobieski</b>				Date <b>02/02/2017</b> <i>2/8/17</i>	
Signature of Authorized Representative <i>Mary Jane C Sobieski</i> SIGN DOCUMENT HERE					

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

**FILED**  
FEB 10 2017 *OL*  
BY *4680*

FORM 630 - Revised: 10/2016