



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 <u>000084587</u>		2. Exact name of the Corporation <u>The CAR-Pet Networks INC</u>												
3. Principal Office Address <u>21 Heritage Ct</u>		City <u>Cranston</u>	State <u>RI</u>	Zip <u>02921</u>										
4. Business Phone Number <u>401 524-8929</u>		5. State of Incorporation <u>RI</u>												
6. Brief description of the character of business conducted in Rhode Island <u>CAR-Pet Sales & INSTALLATIONS</u>														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name <u>Brian Dodge</u>			Vice-President Name <u>Sonja Dodge</u>											
Street Address <u>21 Heritage Ct</u>			Street Address <u>21 Heritage Ct</u>											
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02921</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02921</u>									
Secretary Name <u>NONE</u>			Treasurer Name <u>NONE</u>											
Street Address <u>NONE</u>			Street Address <u>NONE</u>											
City <u>NONE</u>	State <u>NONE</u>	Zip <u>NONE</u>	City <u>NONE</u>	State <u>NONE</u>	Zip <u>NONE</u>									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name <u>NONE</u>			Director Name <u>NONE</u>											
Street Address <u>NONE</u>			Street Address <u>NONE</u>											
City <u>NONE</u>	State <u>NONE</u>	Zip <u>NONE</u>	City <u>NONE</u>	State <u>NONE</u>	Zip <u>NONE</u>									
9. Shares Authorized		10. Shares Issued 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.		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>NONE</u></td> <td><u>NONE</u></td> <td><u>NONE</u></td> </tr> <tr> <td><u>NONE</u></td> <td><u>NONE</u></td> <td><u>NONE</u></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>
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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. <u>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.</u>														
Name of Authorized Representative <u>Brian Dodge</u>					Date <u>2-27-17</u>									
Signature of Authorized Representative <u>[Signature]</u>														

FILED

MAR 02 2017

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

BY

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