



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 000084587 | | 2. Exact name of the Corporation The CAR-Pet Networks INC | | | |
| 3. Principal Office Address 21 Heritage Ct | | City CRANSTON | State RI | Zip 02921 | |
| 4. Business Phone Number 401 524-8929 | | 5. State of Incorporation RI | | | |
| 6. Brief description of the character of business conducted in Rhode Island CAR-Pet Sales & INSTALLATIONS | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name BRIAN Dodge | | | Vice-President Name SONJA Dodge | | |
| Street Address 21 Heritage Ct | | | Street Address 21 Heritage Ct | | |
| City CRANSTON | State RI | Zip 02921 | City CRANSTON | State RI | Zip 02921 |
| Secretary Name NONE | | | Treasurer Name NONE | | |
| Street Address NONE | | | Street Address NONE | | |
| City NONE | State NONE | Zip NONE | City NONE | State NONE | Zip NONE |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name NONE | | | Director Name NONE | | |
| Street Address NONE | | | Street Address NONE | | |
| City NONE | State NONE | Zip NONE | City NONE | State NONE | Zip NONE |
| 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. | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE |
| | | NONE | NONE | NONE | NONE |
| | | NONE | NONE | NONE | NONE |
| 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 BRIAN Dodge | | | | | Date 2-27-17 |
| Signature of Authorized Representative | | | | | |

FILED

MAR 02 2017

MAIL TO:

Division of Business Services

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