



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation**STAMP**FOR
SECRETARY OF STATE
USE ONLY

→ 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 812910		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 Michael Coutu		
Street Address 620 Colwell Road			Street Address 620 Colwell Road		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
Secretary Name Michael Coutu			Treasurer Name Michael Coutu		
Street Address 620 Colwell Road			Street Address 620 Colwell Road		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
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			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		
			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 01/17/18	
Signature of Authorized Representative 				FILED SIGN DOCUMENT HERE JAN 31 2018 BY 5508 DS	