RI SOS Filing Number: 201859702110 Date: 3/2/2018 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STA :

Annual Report for the year: 2018
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	2. Exact name of the Corporation		
110517	The Portsmouth Pet Salon, Inc.		
3. Principal Office Address	City	State	Zip
205 Clock Tower Square	Portsmouth	RI	02871
4. NAICS Code: 453910	6. Brief description of the character of business conducted in Rhode Island: Operate a 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 ☐

President Name: Jamie Schiliro			Vice-President Name: Marc Schiliro		
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 Schiliro			Treasurer Name: Jamie Schiliro		
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 ☐

Director Name: Marc Schiliro			Director Name: Jamie Schiliro		
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

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 ☐

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 accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
Jamie Schiliro	02/20/18

Signature of Authorized Representative: X Jamie Schiliro

SIGN DOCUMENT ELECTRONICALLY **FILED** BY

MAR 02 2018

004695

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

FORM 630 - Revised: 10/2017