



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 110517		2. Name of Corporation The Portsmouth Pet Salon, Inc.			
3. Street Address Principal Business Office c/o Gregory F. Fater, 55 Memorial Blvd		City Newport	State RI	Zip 02840	
4. Business Phone No. 401-848-7777		5. State of Incorporation Rhode Island		6. SIC Code 5884	
7. Brief Description of the Character of Business Conducted in Rhode Island to operate a retail sale store of pet supplies and accessories and grooming of pets					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jamie Schiliro		Vice President Name Marc Schiliro			
Street Address 158 Soares Drive		Street Address 158 Soares Drive			
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Marc Schiliro		Treasurer Name Jamie Schiliro			
Street Address 158 Soares Drive		Street Address 158 Soares Drive			
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A		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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2000	common	\$1.00	100	common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 1 0 5 1 7

File Date 1-13-05
Check No. 6235
By: as
FOR SECRETARY OF STATE USE ONLY

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.

Jamie Schiliro Jan 10, 2005
Signature of Officer Date
Jamie Schiliro
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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4. Business Phone No. 401-848-7777		5. State of Incorporation Rhode Island			6. SIC Code 5884
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President Name Jamie Schiliro			Vice President Name Marc Schiliro		
Street Address 158 Soares Dr			Street Address 158 Soares Dr		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Marc Schiliro			Treasurer Name Jamie Schiliro		
Street Address 158 Soares Dr			Street Address 158 Soares Dr		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2000	common	\$1.00 par value	100	common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 1 0 5 1 7

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.

Jamie Schiliro 2/4/04
Signature of Officer Date
Jamie Schiliro
Print or Type Name of Officer
President
Title of Officer

File Date 3/5/04
Check No. 4849
By: ls
FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

110517

The Portsmouth Pet Salon, Inc.

3. Street Address (Principal Business Office)

City

State

Zip

c/o Gregory Fater, 55 Memorial Blvd. Newport

RI

02840

4. Business Phone No.

5. State of Incorporation

6. SIC Code

401-848-7777

RHODE ISLAND

7. Brief Description of the Character of Business Conducted in Rhode Island

to operate a retail sales store of pet supplies
& grooming of pets or for any other purpose a corp. may exist under RI laws

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Jamie Schiliro

Vice President Name

Marc Schiliro

Street Address

158 Soares Dr.

Street Address

158 Soares Dr.

City

Portsmouth RI

Zip

02871

City

Portsmouth

State

RI

Zip

02871

Secretary Name

Marc Schiliro

Treasurer Name

Jamie Schiliro

Street Address

158 Soares Dr.

Street Address

158 Soares Dr.

City

Portsmouth

State

RI

Zip

02871

City

Portsmouth

State

RI

Zip

02871

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

N/A

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

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,000 COMM \$1.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 0 5 1 7 *

File Date: 2/24/03

Check No.: 3721

By: JS

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer Jamie Schiliro Date 2/12/03

Print or Type Name of Officer
President

Title of Officer
5

Form 630 12/02



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 110517		2. Name of Corporation The Portsmouth Pet Salon, Inc.			
3. Street Address Principal Business Office c/o Gregory Fater, 55Memorial Blvd		City Newport	State RI	Zip 02840	
4. Business Phone No. 401-848-7777		5. State of Incorporation RHODE ISLAND		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island to operate a retail sales store of pet supplies & grooming of pets or for any other purpose a corp. may exist under RI laws					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jamie Schiliro		Vice President Name Marc Schiliro			
Street Address 158 Soares Dr.		Street Address 158 Soares Dr			
City Portsmouth	State RI	Zip 02871	City Portsmoth	State RI	Zip 02871
Secretary Name Marc Schiliro		Treasurer Name Jamie Schiliro			
Street Address 158 Soares Dr		Street Address 158 Soares Dr			
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A		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
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)					11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES					ISSUED SHARES
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 COMM \$1.00 PAR VALUE			100	common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 0 5 1 7 *

File Date: 2-8-02
1281
Check No.: 2
By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Jamie Schiliro 01-18-02
Signature of Officer Date

Jamie Schiliro
Print or Type Name of Officer
President

Title of Officer

5

Form 630 12/01



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 110517		2. Name of Corporation The Portsmouth Pet Salon, Inc.			
3. Street Address Principal Business Office c/o G. Fater, 55 Memorial Blvd		City Newport	State RI	Zip 02840	
4. Business Phone No. 401-848-7777		5. State of Incorporation RHODE ISLAND		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island to oper.a retailsalesstore of petsupplies & grooming of pets or for any other purpose a corp. may exist under RI laws					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jamie Schiliro		Vice President Name Marc Schiliro			
Street Address 45 Dorothy Ave		Street Address 45 Dorothy Ave			
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Marc Schiliro		Treasurer Name Jamie Schiliro			
Street Address 45 Dorothy Ave		Street Address 45 Dorothy Ave			
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A		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
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)					11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES					ISSUED SHARES
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 COMM	\$1.00	PAR VALUE	100	common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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FILED

File Date: _____

Check No.: **FEB 07 2001**

By: **CE 9552**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer **Jamie Schiliro** Date **1/29/01**

Print or Type Name of Officer **Jamie Schiliro**

Title of Officer **President**