

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: Januar (FORM MUST BE TYPEL	ry 1 - March 1 ● File DIN BLACK)	ing Fee: \$50.00					
I. Corporate ID No.	2. Name of Corpora	tion					
110517	The Portsmou	ith Pet Salon, Inc.					
3. Street Address Principal	l Business Office		City	State	Zip		
c/o Gregory F.	Fater, 55 Memor	rial Blvd	Newport	RI	02840		
J. Business Phone No.	- 	5. State of Incorpora	ation		6. SIC Code		
401-848-7777		Rhode Island			5884		
7. Brief Description of the	Character of Business Condi	icted in Rhode Island					
to operate a ret	tail sale store of	pet supplies a	nd accessories and gro	coming of pets			
8. NAMES AND ADD	RESSES OF THE OFFI	CERS ("X" BOX FOR	ATTACHMENT) FILL IN SE	ACES BEFORE USING AT	TACHMENTS		
Jamie Schiliro			· Marc Schiliro				
Street Address			Street Address				
158 Soares Dri	ve		. 158 Soares Dri	ve			
City	State	Zip	City	State	Zip		
Portsmouth	RI	02871	· Portsmouth	RI	02871		
Secretary Name			Treasurer Name				
Marc Schiliro			Jamie Schiliro				
Street Address			* Street Address	* Strees Address			
158 Soares Dri	ve		.158 Soares Drive				
City	State	Zip	'City	State	Zip		
Portsmouth	RI	02871	. Portsmouth	RI	02871		
Director Name N/A	RESSES OF THE DIRE	CTORS ("X" BOX FO	ORATTACIIMENT) FILL IN Director Name Street Address	SPACES BEFORE USING	ATTACHMENTS		
Sireet Address			• Sireel Address				
City	State	Zip	·Ciry	State	Zip		
Director Name	<i></i>		Director Name				
Sireei Address			Sireet Address		-		
City .	State	Zip	City	State	Zip		
10. SHARES AUTIIC	PRIZED ("X" BOX FOR A	TTACHMENT)		X" BOX FOR ATTACHMEN	<u>n</u> o		
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 eithe	r the President, Vic	e President, Secretary, Assi	istant Secretary, Treas	urer, Receiver or Trust		
EI IIEOI II	861 83131 3653 11817 138						

File Date	1-13-05	
Check No.	6235	
By:	<u>a</u>	
	TARY 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.

Signal Abelia	an 10,2005
Signature of Officer	() Date
Jamie Schiliro	
Print or Type Name of Officer	

President

Title of Officer



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	2004
Filing Period: January 1 - March 1					

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. Corporate ID No.	2. Name of Corpo				
110517		outh Pet Salon, Inc.			
Street Address Prince			City	State	Zip
c/o Gregory	F. Fater, 55 Mem	·	Newport	RI	02840
Business Phone No.		5. State of Incorpora	tion		6. SIC Code
401-848-7777	7	Rhode Island			5884
Brief Description of	the Character of Business Con	of pet supplies	and accessories and g	rooming of pets	
_			ATTACIIMENT) FILL IN SP		ITACHMENT'S
resident Name			Vice President Name		
Jamie Schili	ro		. Marc Shiliro		
irect Address		•• ••	Street Address	· · · · · · · · · · · · · · · · · · ·	
.58 Soares D	r		. 158 Soares Dr		
irv	State	Zip	City	State	Zip
my Portsmouth	RI	02871	· Portsmouth	RI	02871
cretary Name			Treasurer Name		/
erenny mame arc Schiliro	•		Jamie Schiliro		
	<u> </u>				
reet Address	N=4		Street Address		
.58 Soares D	<u></u>		.158 Soares Dr		
ity	State	Zip	City	State	Zip
ortsmouth	RI	02871	. Portsmouth	RI	08271
NAMES AND A	DDRESSES OF THE DI	RECTORS C'X" BOX FO	RATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
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i/A			•		
reet Address			· Street Address		
rect municip			* **** ** ** *************************		
Ϊγ	State	Zip	·City	State	Zip
irector Name	<i></i>		Director Name		<i></i>
			•		
Sireel Address			Sireei Address		
City	State	Zip	City	State	Zip
•		1	•		•
IN SHADES ATT	UODIZED /4V* BOV PO	ATTACUMENTS []	11 CHADES TOOLES AND	Y" BOY FOR ATTICIPES	
UTHORIZED SHAR	THORIZED ("X" BOX FOR	CALIACHMENI) [K" BOX FOR ATTACHME	<u> </u>
	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Scries	Par Value
umber of Shares	<u>Class/Series</u>	rar value	Humber by Shares	Classisenes	
000	common \$	1.00 par value	100	commom	\$1.00
		por value			
					1
				1	1
his report must	be signed in ink hy eith	er the President Vici	e President. Secretary Assi	signi Secretory Treas	urer. Receiver or Tru
his report must l	be signed in ink by eith	er the President, Vice	e President, Secretary, Assi	stant Secretary, Treas	urer, Receiver or Tru
his report must i	be signed in ink by eith	ner the President, Vico	e President, Secretary, Assi	stant Secretary, Treas	urer, Receiver or Tru
his report must	be signed in ink by eith	er the President, Vice	e President, Secretary, Assi	siani Secretary, Treas	urer. Receiver or Tru
his report must	be signed in ink by eith	er the President, Vico	e President, Secretary, Assi	siani Secretary, Treas	urer, Receiver or Tru
his report must	be signed in ink by eith	er the President, Vico	·	ŕ	_
his report must i	be signed in ink by eith	er the President, Vico	Under penalty of pe	rjury, I declare and affirm	that I have examined
his report must i	be signed in ink by eith	ner the President, Vico	Under penalty of pe this report, includin	rjury, I declare and affirm g any accompanying sche	that I have examined dules and statements,
his report must i	be signed in ink by eith	ner the President, Vico	Under penalty of pe this report, includin	rjury, I declare and affirm	that I have examined dules and statements,
216	be signed in ink by eith	ner the President, Vic	Under penalty of pe this report, includin	rjury, I declare and affirm g any accompanying sche nts contained herein are tr	that I have examined dules and statements, ue and correct.
216	be signed in ink by eith	ner the President, Vico	Under penalty of pethis report, including and that all stateme	rjury, I declare and affirm g any accompanying sche nts contained herein are tr	that I have examined dules and statements, rue and correct.
File Date 3	be signed in ink by eith	ner the President, Vico	Under penalty of pe this report, includin and that all stateme Significare of Officer	erjury, I declare and affirm g any accompanying schents contained herein are tr	that I have examined dules and statements, ue and correct.
File Date 3	be signed in ink by eith	ner the President, Vico	Under penalty of perthis report, including and that all statement and the statement of officer Jamie Schi	rjury, I declare and affirm g any accompanying schents contained herein are transcription.	that I have examined dules and statements, nue and correct.
File Date 315 Check No. 48	be signed in ink by eith	ner the President, Vico	Under penalty of pe this report, includin and that all stateme Significare of Officer	rjury, I declare and affirm g any accompanying schents contained herein are transcription.	that I have examined dules and statements, nue and correct.
File Date 315 Check No. 48	be signed in ink by eith	ner the President, Vico	Under penalty of perthis report, including and that all stateme Sigligiure of Officer Jamie Schi	rjury, I declare and affirm g any accompanying schents contained herein are transcription.	that I have examined dules and statements, nue and correct.
File Date 315 Check No. 48 By: 18	be signed in ink by eith	ner the President, Vico	Under penalty of perthis report, including and that all statement and the statement of officer Jamie Schi	rjury, I declare and affirm g any accompanying schents contained herein are transcription.	that I have examined dules and statements, rue and correct.

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

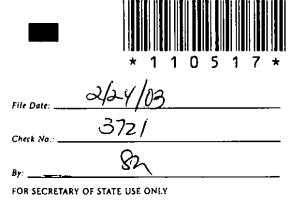


FORM MUST BE TYPED OR PRINTED					
1. Corporate ID No.	2. Name of Corporation				
110517 3. Street Address Principal Business Off	The Portsmouth	Pet Salon, Inc.	City	State	Zip
	Fater, 55 N	Memorial Blu	•	RI	02840
6. Business Phone No.	racer, 33 r	5. State of Incorporation	a. Newport	V.T.	6. \$IC Code
401-848-777	7	RHODE ISLAND			
		le Island fo operat	e a retail sales	store of met	supplies
& grooming	of pets or i	for any othe	e a retail sales r purpose a corp.	may exist un	der Rī laws
8. NAMES AND ADDRESSE	S OF THE OFFICER	S ("X" BOX FOR ATTACE		DRE USING ATTACHME	ENTS
President Name Jamie Schil	iro		Vice President Name Marc Schiliro		
Street Address			Street Address		
158 Soares	Dr.		158 Soares Dr	•	
City	State	Zip	City	State	Zip
Portsmouth	RI	02871	Portsmouth	RI	02871
Secretary Name Marc Schili	ro		Teasurer Name Jamie Schiliro		•
Street Address 158 Soares	Dr.		Street Address 158 Soares Dr.		
Cit. Portsmouth	State RI	δ ⁰ 2871	Portsmouth	sinte R I	^z / ₀ 2871
9. NAMES AND ADDRESSE Director Name N/A	S OF THE DIRECTO	ORS ("X" BOX FOR ATTA	ACHMENT) FILL IN SPACES BE Director Name	EFORE USING ATTACHI	MENTS
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 ATTACHM	IENT)	11. SHARES ISSUED ("X" B)	OX FOR ATTACHMENT)	
Number of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value
2,000 COMM \$1.00 PAR VA	LUE		100	common	\$1.00

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

Title of Officer

€



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.

Signal (1) of Officer	alialo3
Signatur of Officer	Date
Jamie Schiliro	
Print or Type Name of Officer President	

Form 630 12/02

2. Name of Corporation

The Portsmouth Pet Salon, Inc.

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

110517

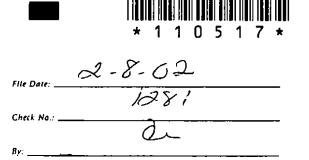
Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

3. Stree	et Address Principal Business (City	State	Zip
	c/o Gregor	ry Fater, !	55Memorial Bly	nd Newport	RI	02840
4. Ausi	ness Phone No. 401-848-777	77	5. State of Incorporation RHODE ISLAN			6. SIC Code
7. Bilej	Description of the Character	of Business Conducted in	n Rhode Island to ope	erate a retail s	ales store of	pet supplies
				er purpose a cor		
8. N			CERS ("X" BOX FOR ATTA		- BEFORE USING ATTAC	
Preside	nt Name			Vice President Name		
	Jamie Schil	liro		Marc Sc	hiliro	
Street /	Address	_		Street Address		
	158 Soares	Dr.		158 Soare	s Dr	
City		State	Zip	City	State	Zip
Saccata	Portsmouth	RI	02871	Portsmoth Treasurer Name	RI	02871
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Marc Schili	iro		Jamie Schil	iro	
Street /	Address			Street Address	110	
	158 Soares	Dr		158 Soare	s Dr	
City		State	Zip	City	State	21p
- ,	Portsmouth	RI	02871	Portsmouth	RI	02871
	AMES AND ADDRESS ^{'Name} N/A	SES OF THE DIRE	CTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE Director Name	S BEFORE USING ATTA	CHMENTS
Street /	Address			Street Address	•	
City		State	Zip	City	State	Zip
Directo	r Name			Director Name		
Street A	Address			Street Address		
City		State	Zip	City	State	Zip
	HARES AUTHORIZED) (*X* BOX FOR ATTA	(CHMENT)	11. SHARES ISSUED (*.	X* BOX FOR ATTACHMENT)
Numbe	r of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,0	000 COMM \$1.00 PAR V	ALUE		100	common	\$1.00

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



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. Stedature of Officer Schulence Jamie Schiliro Print or Type Name of Officer President



Form 630 12/01



(FORM MUST BE TYPED IN BLACK)

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

1. Corporate ID No. 110517	2. Name of Corporat The Ports	^{ion} mouth Pet Salor	, Inc.		
3. Street Address Principal Busine.		_	City	State	02840
c/o (G. Fater, 5	Memorial Bl	vd Newport	RI	02040
4. Business Phone No.		5. State of Incorporation RHODE ISLA			6. SIC Code
2. Brief Description of the Charac		1 Rhode Island to O	per.a retailsale rpose a corp. ma	essstore of peay exist unde	etsupplies & r RI laws
8. NAMES AND ADDRE President Name Jamie Schili		CERS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES Vice President Name Marc Schili	BEFORE USING ATTAC	HMENTS
Street Address	10		Street Address		
45 Dorothy	Ave		45 Dorothy A	ve	
City	State	Zip	Clty	State	Zip
Portsmouth	RI 0	02871	Portsmouth	RI	02871
Secretary Name			Treasurer Name		•
Marc Schilir			Jamie Schilis		
45 Dorothy A			45 Dorothy		
Portsmouth	State RI	21p 02871	Portsmouth	State	02871
9. NAMES AND ADDRE	ESSES OF THE DIRE	ECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE Director Name	ES BEFORE USING ATTA	ACHMENTS
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 AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMEN	r)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 COMM \$1.	OO PAR VALUE		100	common	\$1.00
			1		

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



File Date:	FILED	
Check No.:	FEB 0 7 2001	
CHECK NO	By CC 955D	
FOR SECRETA	ARY 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.

Significe of Officer	بالموادات	
Signature of Officer	Date	
Jamie Schiliro		

Jamie Schiliro

i Print or Type Name of Officer

President

Title of Officer