

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

James R. Langevin, Secretary of State

April 8, 1997

Mr. James Schenck  
Aquidneck Kennel & Grain, Inc.  
1038 Aquidneck Avenue  
Middletown, RI 02842

Re: Aquidneck Kennel & Grain, Inc.

Dear Mr. Schenck:

We are in receipt of the enclosed 1997 annual report for the above-named corporation.

It has been noted that the corporation formally filed a Chapter 11 petition with the Federal Bankruptcy Court on September 20, 1995; however, the corporation must continue to file annual reports and maintain a registered agent in the State of Rhode Island until such time as it is dissolved. Please note that a good standing will not be issued to the corporation if it has failed to meet the filing requirements of this Division.

If you have any further questions, please feel free to contact the undersigned.

Very truly yours,

CORPORATIONS DIVISION



Maureen E. Ewing  
Administrative Assistant

mee  
Enc.

100 North Main Street  
Providence  
Rhode Island  
02903-1535

Corporations/ECC  
401-277-3940  
Fax: 401-277-1309

File Units  
401-277-2349  
Fax: 401-277-1444

First Stop Business  
Information Center  
401-277-4400

Notary/Trademarks  
401-277-1487

<http://www.state.ri.us>



# PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **1217**      2. Name of Corporation **Aquidneck Kennel & Grain, Inc.**

3. Street Address Principal Business Office \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Business Phone No \_\_\_\_\_      5. State of Incorporation **RHODE ISLAND**      6. SIC Code **1990**

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

## 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name	Vice President Name
Street Address	Street Address
City State Zip	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

*CHARTER*

## 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name	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 AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 SHS NO PAR VALUE</b>					

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

File Date: \_\_\_\_\_

Check No.: \_\_\_\_\_

By: \_\_\_\_\_

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

Print or Type Name of Officer \_\_\_\_\_

Title of Officer \_\_\_\_\_