



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

FILED^{MP}

ANNUAL REPORT FOR THE YEAR 2019
Corporation

JAN 14 2019

- Filing Period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1

BY 30151
[Signature]

1. Corporate ID No. 000063048		2. Name of Corporation Critter Hut, Inc.			
3. Street Address Principal Business Office 160 Old Tower Hill Road			City Wakefield	State RI	Zip 02879
4. NAICS Code 424990		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Pet and pet supply store					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Christopher Champlin			Vice President Name Jeffrey R. Champlin		
Street Address 160 Old Tower Hill Road			Street Address 160 Old Tower Hill Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Christopher Champlin			Treasurer Name Jeffrey R. Champlin		
Street Address 160 Old Tower Hill Road			Street Address 160 Old Tower Hill Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Sue A. Champlin			Director Name Jeffrey Champlin		
Street Address 160 Old Tower Hill Road			Street Address 160 Old Tower Hill Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Christopher Champlin			Director Name		
Street Address 160 Old Tower Hill Road			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES – THIS SECTION MUST BE COMPLETED		
			Number of Shares 800 shares no par value	Class/Series	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.

[Signature]

1/7/19

Christopher Champlin

Print or Type Name

President

Title