



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

FILED

Annual Report for the year: 2019
Corporation

FEB 04 2019 IMP

BY 498
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- 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 1102365		2. Exact name of the Corporation My Lucky Dog Daycare, Inc.					
3. Principal Office Address 47 Tift Road				City No. Smithfield		State RI	Zip 02896
4. NAICS Code 812910		6. Brief description of the character of business conducted in Rhode Island Animal daycare and boarding services					
5. State of Incorporation RI							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Melissa Punchak				Vice-President Name David J. Punchak			
Street Address 47 Tift Road				Street Address 47 Tift Road			
City No. Smithfield		State RI	Zip 02896		City No. Smithfield		Zip 02896
Secretary Name David J. Punchak				Treasurer Name Melissa Punchak			
Street Address 47 Tift Road				Street Address 47 Tift Road			
City No. Smithfield		State RI	Zip 02896		City No. Smithfield		Zip 02896
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name None				Director Name			
Street Address				Street Address			
City		State	Zip		City		Zip
Director Name				Director Name			
Street Address				Street Address			
City		State	Zip		City		Zip
9. Shares Authorized				10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.				NUMBER OF SHARES	CLASS/SERIES		PAR VALUE
				200	Common		No Par
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 Melissa Punchak						Date 1/30/19	
Signature of Authorized Representative <i>Melissa Punchak, President</i> SIGN DOCUMENT HERE							

MAIL TO:
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