



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

10

- 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	City No. Smithfield		State RI
		Zip 02896			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	City No. Smithfield		State RI
		Zip 02896			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	City		State
		Zip			Zip
Director Name			Director Name		
Street Address			Street Address		
City		State	City		State
		Zip			Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		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>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov