



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

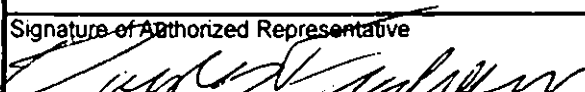
FILED

FEB 24 2020

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Annual Report for the year: 2020
 Corporation _____

- 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 0017633		2. Exact name of the Corporation Petland, Inc.			
3. Principal Office Address 11 Harilla Lane			City Johnston	State RI	Zip 02919
4. NAICS Code 483114		6. Brief description of the character of business conducted in Rhode Island Intercontinental transportation			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Douglas A. Frederickson			Vice-President Name same		
Street Address 11 Harilla Lane			Street Address same		
City Johnston	State RI	Zip 02919	City same	State same	Zip same
Secretary Name same			Treasurer Name same		
Street Address same			Street Address same		
City same	State same	Zip same	City same	State same	Zip same
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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
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
		400		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 Douglas A. Frederickson				Date 2/20/2020	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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