

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1		Filing Fee: \$50.00		<del></del>	<del></del>		
(FORM MUST BE TYPED IN .  1. Corporate ID No.		· · · · · · · · · · · · · · · · · · ·					
134891	2. Name of Corpo METROPE	pration T DOG CENTER, INC	C.				
3. Street Address Principal Busi	ness Office		City	State	Zip		
310 BOURNE AVENUE	E TI		RUMFORD	RI	02916		
4. Business Phone No. 5. State of Incorpora				6. SIC Code			
(401) 438-9663		RHODE ISLAI			1990		
7. Brief Description of the Char DOG DAY CARE AND BO	racter of Business Con	nducted in Rhode Island	<del></del>	· · · · · · · · · · · · · · · · · · ·	<u></u> _		
8. NAMES AND ADDRES President Name	SES OF THE OF	FICERS-("X" BOX FOR	ATTACHMENT) THELL IN SPAC	ES BEFORE USING A	TTACHMENTS		
MICHAEL B. MACCAN			Vice President Name				
Street Address			Street Address	- <del></del>			
42 SECOND AVENUE	#6		Sirect Mauress				
City	State	Zip	City	State			
NORTH ATTLEBORO	MA	02760	•	Sittle	Zip		
ecretary Name	• • • • • • • • • •	'	Treasurer Name				
AZURE KNOWLES			DONNA MARCOTTE				
Street Address			Street Address				
42 SECOND AVENUE			.42 KAREN AVENUE				
City NORTH ATTLEBORO	State	Zıp	City	State	Zip		
	MA	02760	. ATTLEBORO	MA	02703		
Director Name	212 OF THE DIK	ECTORS ("X" BOX FO	RATTACHMENT)   FILL IN SPA	CES BEFORE USING	ATTACHMENTS		
MICHAEL MACCANNELL			Director Name	· AZURE KNOWLES			
Street Address		<del></del>	Street Address				
42 SECOND AVENUE #6			140 00000				
City	State	Zip	· City	State	<u> </u>		
NORTH ATTLEBORO	MA	02760	NORTH ATTLEBORO	MA	2pm		
Director Name			Director Name		02760		
DONNA MARCOTTE							
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ATTLEBORO	MA	<i>Z<sub>IP</sub></i> 02703	City	State	Zip		
10. SHARES AUTHORIZI	I -				0 25		
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	rinni inni in						
1 3 4	8 <b>9</b> 1		Under penalty of perjury	, I declare and affirm (	that I have examined		
	_	_	this report, including any	accompanying sched	ules and statements,		
1005	•		and that all statements co	ontoined herein are tru	e and correct.		
File Date 0-1-00		_	2/1./1	1 S	CI DONE		
1216			Signature of Officer	ZAND ANNIN'	o Jan acco		
Check No. 1360		-	Michael B. Ma	-	<del></del>		
Am C	7		Print or Type Name of Office		<del></del> .		
Son sconer		-   !	President				
OR SECRETARY OF STATE	USE ONLY	<u>'</u>	Title of Officer		ps 280		
					Form 630 12/0		



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

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310 BOURNE	AVE TOWER	<b>)</b> 1	Rumford	State	02916			
Business Phone No.		5. State of Incorporation		RI	6. SIC Code			
(401) 438-9663 RHODE IS		RHODE ISLANI	<b>.</b>		1990			
Brief Description of the Chara DOG GROOMING	cier of Business Conducte	ed in Rhode Island	<u> </u>					
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ASHLEE CABRAL			NONE					
Street Address			Street Address					
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FOR SECRETARY OF STATE USE ONLY

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.

ASHLEE CABRAL

Print or Type Name of Officer PRESIDENT

Title of Officer