



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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No 134891		2. Name of Corporation METROPET DOG CENTER, INC.		
3. Street Address Principal Business Office 310 BOURNE AVENUE T1		City RUMFORD	State RI	Zip 02916
4. Business Phone No. (401) 438-9663		5. State of Incorporation RHODE ISLAND		6. SIC Code 1990
7. Brief Description of the Character of Business Conducted in Rhode Island DOG DAY CARE AND BOARDING				

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MICHAEL B. MACCANNELL			Vice President Name		
Street Address 42 SECOND AVENUE #6			Street Address		
City NORTH ATTLEBORO	State MA	Zip 02760	City	State	Zip
Secretary Name AZURE KNOWLES			Treasurer Name DONNA MARCOTTE		
Street Address 42 SECOND AVENUE #6			Street Address 42 KAREN AVENUE		
City NORTH ATTLEBORO	State MA	Zip 02760	City ATTLEBORO	State MA	Zip 02703

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MICHAEL MACCANNELL			Director Name AZURE KNOWLES		
Street Address 42 SECOND AVENUE #6			Street Address 42 SECOND AVENUE #6		
City NORTH ATTLEBORO	State MA	Zip 02760	City NORTH ATTLEBORO	State MA	Zip 02760
Director Name DONNA MARCOTTE			Director Name		
Street Address 42 KAREN AVENUE			Street Address		
City ATTLEBORO	State MA	Zip 02703	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			1000	COMMON	NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 3 4 8 9 1

File Date	2-7-05
Check No.	1360
By:	AMF
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.

Signature of Officer  
Date  
Michael B. MacCannell  
Print or Type Name of Officer  
President  
Title of Officer

Form 630 12/01



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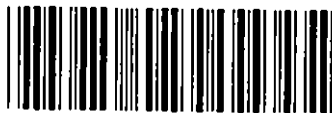
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7. Brief Description of the Character of Business Conducted in Rhode Island DOG GROOMING					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ASHLEE CABRAL			Vice President Name NONE		
Street Address 310 BOURNE AVE			Street Address		
City RUMFORD	State RI	Zip 02916	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			100	Common	0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 3 4 8 9 1 \*

File Date 2-10-04  
Check No. 1078  
By: Q  
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.

Signature of Officer Ashlee Cabral Date 2-5-04  
Print or Type Name of Officer ASHLEE CABRAL  
Title of Officer PRESIDENT