



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.		2. Name of Corporation				
117194		Doggie Do's Grooming Salon, Inc.				
3. Street Address Principal Business Office				City	State	Zip
2190 BROAD STREET				CRANSTON	RI	02905
4. Business Phone No.		5. State of Incorporation		6. SIC Code		
(401) 941-3544		RHODE ISLAND				

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE RETAIL ANIMAL GROOMING SERVICES TO THE PUBLIC

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
KIRSTEN L. KING			KIRSTEN L. KING		
Street Address			Street Address		
2190 BROAD STREET			2190 BROAD STREET		
City	State	Zip	City	State	Zip
CRANSTON	RI	02905	CRANSTON	RI	02905
Secretary Name			Treasurer Name		
KIRSTEN L. KING			KIRSTEN L. KING		
Street Address			Street Address		
2190 BROAD STREET			2190 BROAD STREET		
City	State	Zip	City	State	Zip
CRANSTON	RI	02905	CRANSTON	RI	02905

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			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	\$1.00 PAR VALUE	100	COMMON	\$1 PAR VALUE

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



1 1 7 1 9 4

File Date: 2-10-05

Check No.: 1362

By: [Signature]

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] 2/10/05
Signature of Officer Date

KIRSTEN L. KING
Print or Type Name of Officer

PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 117194	2. Name of Corporation Doggie Do's Grooming Salon, Inc.
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3. Street Address Principal Business Office 2190 BROAD STREET	City CRANSTON	State RI	Zip 02905-
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4. Business Phone No. 4019413544	5. State of Incorporation RHODE ISLAND	6. SIC Code
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7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE RETAIL ANIMAL GROOMING SERVICES TO THE PUBLIC.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Kirsten L. King	Vice President Name Kirsten L. King
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Street Address 2190 Broad Street	Street Address 2190 Broad Street
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City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
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Secretary Name Kirsten L. King	Treasurer Name Kirsten L. King
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Street Address 2190 Broad Street	Street Address 2190 Broad Street
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City Cranston	State RI	Zip 02905	City Providence	State RI	Zip 02905
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9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name None	Director Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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Director Name	Director Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM	\$1.00 PAR VALUE		100	Common	\$1 par value

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



1 1 7 1 9 4

117194 DBC 01/20/04 02:11:29 PM
File Date 2-2-04
Check No. 1043
By: [Signature]
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] 1/20/04
Signature of Officer Date
Kirsten L. King
Print or Type Name of Officer
President
Title of Officer



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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *117194*		2. Name of Corporation Doggie Do's Grooming Salon, Inc.		
3. Street Address Principal Business Office 2190 BROAD STREET		City CRANSTON	State RI	Zip 02905
4. Business Phone No. 4019413544	5. State of Incorporation RHODE ISLAND		6. SIC Code	

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE RETAIL ANIMAL GROOMING SERVICES TO THE PUBLIC.

8. NAMES AND ADDRESSES OF THE OFFICERS (X) BOX FOR ATTACHMENT () FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kirsten L. King			Vice President Name Kirsten L. King		
Street Address 2190 Broad Street			Street Address 2190 Broad Street		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
Secretary Name Kirsten L. King			Treasurer Name Kirsten L. King		
Street Address 2190 Broad Street			Street Address 2190 Broad Street		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905

9. NAMES AND ADDRESSES OF THE DIRECTORS (X) BOX FOR ATTACHMENT () FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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

10. SHARES AUTHORIZED (X) BOX FOR ATTACHMENT ()			11. SHARES ISSUED (X) BOX FOR ATTACHMENT ()		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
1,000 COMM	\$1.00 PAR VALUE		100	common	\$1.00 par val

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



* 1 1 7 1 9 4 *

117194 DBC1/24/0310:20:58 AM

File Date 2/25/03

Check No 0757

By [Signature]

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.

Kirsten King 2/12/03
Signature of Officer Date

Kirsten King
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **117194**
2. Name of Corporation **Doggie Do's Grooming Salon, Inc.**
3. Street Address Principal Business Office
2190 Broad Street
4. Business Phone No. **(401) 941-3544**
5. State of Incorporation **RHODE ISLAND**

City **Cranston** State **RI** Zip **02905**
a. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

To provide retail animal grooming services to the public

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Kirsten L. King**
Street Address **2190 Broad Street**
City **Cranston** State **RI** Zip **02905**

Vice President Name **Kirsten L. King**
Street Address **2190 Broad Street**
City **Cranston** State **RI** Zip **02905**

Secretary Name **Kirsten L. King**
Street Address **2190 Broad Street**
City **Cranston** State **RI** Zip **02905**

Treasurer Name **Kirsten L. King**
Street Address **2190 Broad Street**
City **Cranston** State **RI** Zip **02905**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **None**
Street Address
City State Zip
Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM \$1.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common No Par Value

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



File Date 2-22-02
Check No. 427
By BMK

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 Kirsten L. King Date 2/2/02
Kirsten L. King
Print or Type Name of Officer
President
Title of Officer