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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 01 2021
BY

Annual Report for the year: 2021
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	2. Exact name of the Corporation			
110517	The Portsmouth Pet Salon, Inc.			
3. Principal Office Address: 205 Clock Tower Square		City: Portsmouth	State: RI	Zip: 02871
4. NAICS Code: 453910	6. Brief description of the character of business conducted in Rhode Island: Operate retail sales store of pet supplies and accessories and grooming of pets			
5. State of Incorporation: RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Jamie Schiliro			Vice-President Name: Marc Schiliro		
Street Address: 205 Clock Tower Square			Street Address: 205 Clock Tower Square		
City: Portsmouth	State: RI	Zip: 02871	City: Portsmouth	State: RI	Zip: 02871
Secretary Name: Marc Schiliro			Treasurer Name: Jamie Schiliro		
Street Address: 205 Clock Tower Square			Street Address: 205 Clock Tower Square		
ity: Portsmouth	State: RI	Zip: 02871	City: Portsmouth	State: RI	Zip: 02871

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☑

Director Name: Marc Schiliro			Director Name: Jamie Schiliro		
Street Address: 205 Clock Tower Square			Street Address: 205 Clock Tower Square		
City: Portsmouth	State: RI	Zip: 02871	City: Portsmouth	State: RI	Zip: 02871
Director Name: None			Director Name: None		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	$1.00 Par Value

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: Jamie Schiliro

Date: 1/25/2021

Signature of Authorized Representative: X Jamie Schiliro

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

FORM 630 - Revised: 08/2020