



State of Rhode Island  
**Department of State - Business Services Division**

**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.

**FILED STAMP**  
 MAR 03 2021  
 BY 1334  
SECRETARY OF STATE  
 USE ONLY

1. Entity ID Number 0017633	2. Exact name of the Corporation Petland, Inc.
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3. Principal Office Address 11 Harilla Lane	City Johnston	State RI	Zip 02919
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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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Douglas A. Frederickson			Vice-President Name Douglas A. Frederickson		
Street Address 11 Harilla Lane			Street Address 11 Harilla Lane		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
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 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 Douglas A. Frederickson	Date 3/1/21
Signature of Authorized Representative <i>Douglas A. Frederickson</i>	

MAIL TO:  
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 Website: www.sos.ri.gov