

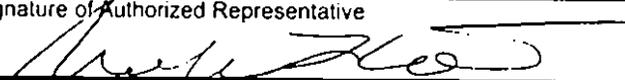


State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2022  
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 14 2022  
BY 6480 DS

1. Entry ID Number <b>101829</b>		2. Exact name of the Corporation <b>COLONIAL KENNEL, INC.</b>			
3. Principal Office Address <b>165 Douglas Pike</b>			City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>
4. NAICS Code <b>81 2910</b>		6. Brief description of the character of business conducted in Rhode Island <b>Manage or operate a kennel for the boarding of animals, including training and breeding of animals</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Michael Coutu</b>			Vice-President Name <b>Michael Coutu</b>		
Street Address <b>620 Colwell Road</b>			Street Address <b>620 Colwell Road</b>		
City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>	City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>
Secretary Name <b>Michael Coutu</b>			Treasurer Name <b>Michael Coutu</b>		
Street Address <b>620 Colwell Road</b>			Street Address <b>620 Colwell Road</b>		
City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>	City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>none</b>			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
			<b>100</b>	<b>Common</b>	<b>No Par</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>Michael Coutu, President</b>				Date <b>2/1/22</b>	
Signature of Authorized Representative 					

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