



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

FILED

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

JAN 25 2023

BY 1955 OS

1. Entity ID Number 000006597		2. Exact name of the Corporation DELMYRA KENNELS, INC.	
3. Principal Office Address P.O. Box 74, 191 TEN ROD ROAD		City EXETER	State RI
		Zip 02822	
4. NAICS Code C.812110	6. Brief description of the character of business conducted in Rhode Island BOARDING, GROOMING & TRAINING for DOGS & CAT PROVIDING CARE to their OWNERS		
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 RUTH A. GORDON		Vice-President Name	
Street Address 191 TEN ROD RD, P.O. BOX 74		Street Address	
City EXETER,	State RI	Zip 02822	
Secretary Name		Treasurer Name RUTH A. GORDON	
Street Address		Street Address	
City	State	Zip	
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	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized This information is currently of record in the Department of State. 300 No PAR VALUE Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES 200	CLASS/SERIES COMMON
			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 RUTH A. GORDON		Date 1/24/23	
Signature of Authorized Representative Ruth A. Gordon			

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov