



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAY 19 2025

BY

RECEIVED
DEPT. OF STATE
BUS/SVS

MAY 19 P 4:00

1. Entity ID Number 001102365		2. Exact name of the Corporation MD Punchak, Inc.			
3. Principal Office Address 13 Blunders Way		City No. Smithfield		State RI	Zip 02896
4. NAICS Code 812910	6. Brief description of the character of business conducted in Rhode Island Animal daycare and boarding services				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Melissa Punchak			Vice-President Name David J. Punchak		
Street Address 13 Blunders Way			Street Address 13 Blunders Way		
City No. Smithfield	State RI	Zip 02896	City No. Smithfield	State RI	Zip 02896
Secretary Name David J. Punchak			Treasurer Name Melissa Punchak		
Street Address 13 Blunders Way			Street Address 13 Blunders Way		
City No. Smithfield	State RI	Zip 02896	City No. Smithfield	State RI	Zip 02896
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		200		Common	
				PAR VALUE	
				No Par	
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 Melissa Punchak					Date 5/12/2025
Signature of Authorized Representative <i>Melissa Punchak</i>					