



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2401  
401.222.3300

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1 Corporate ID No. 163743		2 Name of Corporation A Dog's Tale Boutique, Inc.	
3 Street Address Principal Business Office 289 Cowesett Avenue, Unit #8			City West Warwick
4 Business Phone No. 401-397-5704		5 State of Incorporation Rhode Island	
6 Brief Description of the Character of Business Conducted in Rhode Island Dog grooming and any other legal retail business			
7. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Alfred Levesque		Vice President Name Sandra Levesque	
Street Address 1204 Town Farm Road		Street Address 1204 Town Farm Road	
City Coventry	State RI	Zip 02816	City Coventry
Secretary Name Sandra Levesque		Treasurer Name Alfred Levesque	
Street Address 1204 Town Farm Road		Street Address 1204 Town Farm Road	
City Coventry	State RI	Zip 02816	City Coventry
8. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Alfred Levesque		Director Name Sandra Levesque	
Street Address 1204 Town Farm Road		Street Address 1204 Town Farm Road	
City Coventry	State RI	Zip 02816	City Coventry
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
500	Common No Par Value		
10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	
100	Common	None	

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 statement contained herein are true and correct.

Alfred Levesque 3-2-09  
Signature Date

ALFRED LEVESQUE

Print or Type Name

PRESIDENT ALFRED J LEVESQUE

Title

File Date: 3-9-09  
Check No.: 667  
By: MMC

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