



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 02904-2615
401.222.3040

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 20-3379270		2. Name of Corporation The Golden Paw Corporation			
3. Street Address Principal Business Office 847 Main Street			City East Greenwich	State RI	Zip 02818
4. Business Phone No 401-884-7331		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Dog grooming Salon & Boutique					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Laura M. Rotelli			Vice President Name Anthony J. Rotelli		
Street Address 322 Woodruff Avenue			Street Address 322 Woodruff Avenue		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Laura Rotelli			Treasurer Name Anthony Rotelli		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Laura Rotelli			Director Name Anthony Rotelli		
Street Address Same			Street Address Same		
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 ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares none	Class/Series n/a	Par Value n/a

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CORPORATIONS DIV
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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.

File Date **FILED**
Check No. **AUG 05 2009**
By: **9/6/09**
FOR SECRETARY OF STATE USE ONLY

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.

Signature **Laura Rotelli** Date **7/31/09**
Print or Type Name **Laura Rotelli**
Title **President**