



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 2013

**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. 140500		2. Name of Corporation 2 PAWS UP, LTD.			
3. Street Address Principal Business Office 85 1/2 Rolfe Square			City CRANSTON	State RI	Zip 02910
4. Business Phone No.		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island TO OWN AND OPERATE A PET GROOMING SALON					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ALICIA SEGUIN			Vice President Name NONE		
Street Address 1968 Cranston Street			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Secretary Name ANNE M. DESTEFANO			Treasurer Name ARLENE F. SEGUIN		
Street Address 29 GLEN RIDGE ROAD			Street Address 28 FREEDOM DRIVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ALICIA SEGUIN			Director Name ARLENE F. SEGUIN		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
Director Name ANNE M. DESTEFANO			Director Name		
Street Address Same			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 <b>MUST</b> BE COMPLETED		
			Number of Shares 100	Class/Series Common	Par Value No Par Value

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.

**FILED**

FEB 14 2013

File Date \_\_\_\_\_  
Check No. By mnc  
By: CR # 2931  
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.

Alicia Seguin 02-12-13  
Signature Date  
ALICIA SEGUIN  
Print or Type Name  
President  
Title