



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>128695</u>		2. Exact name of the Corporation <u>Tidy Tails Inc.</u>		
3. Principal office address <u>500 Metcane Ave</u>		City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>
4. Business Phone No. <u>401 253 8245</u>		5. State of Incorporation <u>RI</u>		
6. Brief description of the character of business conducted in Rhode Island <u>Pet Grooming</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <u>Richard L. Kinsella</u>		Vice-President Name <u>none</u>		
Street Address <u>130 Berry Ln</u>		Street Address <u>---</u>		
City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>	City	State Zip
Secretary Name <u>none</u>		Treasurer Name <u>none</u>		
Street Address <u>---</u>		Street Address		
City	State	Zip	City	State Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <u>Richard L. Kinsella</u>		Director Name		
Street Address <u>500 Metcane Ave</u>		Street Address		
City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>	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) <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.		NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>Common</u>	PAR VALUE <u>none</u>
			<u>common stock</u>	

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 _____

Check No _____

By: _____

FILED

JUN 14 2013

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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] 6/13/13
 Signature of Authorized Representative Date

Richard L. Kinsella
 Print or Type Name of Authorized Representative