



**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 2015**

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.<br><b>794094</b>  |                    | 2. Exact name of the Corporation<br><b>Bff Grooming, Inc.</b> |   |                    |                     |
| 3. Principal office address<br><b>246 Main Street</b>  |                    |   | City<br><b>East Greenwich</b>                                       | State<br><b>RI</b> | Zip<br><b>02818</b> |
| 4. Business Phone No.<br><del>(401) 431-0524</del> <b>401-885-7837</b>   |                    | 5. State of Incorporation<br><b>Rhode Island</b>              |   |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Pet grooming, care and other services and products</b>                   |                    |   |   |                    |                     |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |   |   |                    |                     |
| President Name<br><b>Rosalia Tarbox</b>  |                    |   | Vice-President Name<br><b>Deva Pieranunzi</b>                       |                    |                     |
| Street Address<br><b>246 Main Street</b>   |                    |   | Street Address<br><b>246 Main Street</b>                            |                    |                     |
| City<br><b>East Greenwich</b>  | State<br><b>RI</b> | Zip<br><b>02818</b>   | City<br><b>East Greenwich</b>                                       | State<br><b>RI</b> | Zip<br><b>02818</b> |
| Secretary Name<br><b>Rosalia Tarbox</b>  |                    |   | Treasurer Name<br><b>Deva Pieranunzi</b>                            |                    |                     |
| Street Address<br><b>246 Main Street</b>   |                    |   | Street Address<br><b>246 Main Street</b>                            |                    |                     |
| City<br><b>East Greenwich</b>  | State<br><b>RI</b> | Zip<br><b>02818</b>   | City<br><b>East Greenwich</b>                                       | State<br><b>RI</b> | Zip<br><b>02818</b> |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |   |   |                    |                     |
| Director Name<br><b>None</b>   |                    |   | 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   |                    |   | 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  | CLASS/SERIES       | PAR VALUE           |
|  |                    |   | 400   | Common             | \$0.01 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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

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**FILED**  
**OCT 01 2015**  
**440**

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.

*Rosalia Tarbox* 9-22-15  
 Signature of Authorized Representative Date

**Rosalia Tarbox, President**

Print or Type Name of Authorized Representative