



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>536449</u>		2. Exact name of the limited liability company <u>Goin' Mobile LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>VETERINARY House call</u>			
5. Principal office address <u>50 MISKIANA TRAIL</u>		City <u>Exeter</u>	State <u>RI</u>	Zip <u>02822</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>SUSAN LITTLEFIELD</u>		Contact Title <u>owner</u>			
Street Address <u>PO Box 494</u>		City <u>Exeter</u>	State <u>RI</u>	Zip <u>02822</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <u>[illegible]</u>		Manager Name <u>[illegible]</u>			
Street Address <u>[illegible]</u>		Street Address <u>[illegible]</u>			
City <u>[illegible]</u>	State <u>[illegible]</u>	City <u>[illegible]</u>	State <u>[illegible]</u>	Zip <u>[illegible]</u>	
Manager Name <u>[illegible]</u>		Manager Name <u>[illegible]</u>			
Street Address <u>[illegible]</u>		Street Address <u>[illegible]</u>			
City <u>[illegible]</u>	State <u>[illegible]</u>	Zip <u>[illegible]</u>	City <u>[illegible]</u>	State <u>[illegible]</u>	Zip <u>[illegible]</u>
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

DEC 28 2015

BY 1147

File Date _____

Check No _____

By: _____

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.

Susan Littlefield
Signature of Authorized Person

12-2-15
Date

SUSAN LITTLEFIELD
Print or Type Name of Authorized Person