



**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. <b>000136349</b>		2. Exact name of the limited liability company <b>Dogs in Harmony, LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Production and marketing of dog treats and any other lawful purpose</b>			
5. Principal office address <b>480 Saw Mill Road</b>		City <b>Glocester</b>	State <b>RI</b>	Zip <b>02857</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Denise Holmes</b>		Contact Title			
Street Address <b>PO Box 136</b>		City <b>Harmony</b>	State <b>RI</b>	Zip <b>02829</b>	
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 <b>Denise J. Holmes</b>		Manager Name			
Street Address <b>480 Saw Mill Road</b>		Street Address			
City <b>Glocester</b>	State <b>RI</b>	Zip <b>02857</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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.					

*Dogs in Harmony closed for business on February 28, 2015*

**FILED**

**FEB 04 2016**

File Date	BY <i>Denise J. Holmes</i> <b>2/2/2016</b>
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.

*Denise J. Holmes* **02/02/2016**  
Signature of Authorized Person Date  
**Denise J. Holmes**  
Print or Type Name of Authorized Person