



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 2016

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>65712</u>		2. Exact name of the Corporation <u>The Purple Cow Company</u>		
3. Principal office address <u>205 Main Street</u>		City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>
4. Business Phone No. <u>401-789-2389</u>		5. State of Incorporation <u>Rhode Island</u>		
6. Brief description of the character of business conducted in Rhode Island <u>Retail; Jewelry, Gifts and Clothing</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <u>Johanna G. Witham</u>		Vice-President Name		
Street Address <u>946 A Tuckertown Road</u>		Street Address		
City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>	City	State Zip
Secretary Name <u>Melinda Witham</u>		Treasurer Name		
Street Address <u>161A Biscuit City Road</u>		Street Address		
City <u>Charlestown</u>	State <u>RI</u>	Zip <u>02891</u>	City	State Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <u>None</u>		Director Name <u>None</u>		
Street Address		Street Address		
City	State	Zip	City	State Zip
Director Name <u>None</u>		Director Name <u>None</u>		
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
		<u>200 Shares</u>	<u>A</u>	<u>No Common</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: _____
 FOR SECRETARY OF STATE USE ONLY

FILED

FEB 16 2016

By KL JROSS

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.

Melinda Witham
 Signature of Authorized Representative Date 2/11/16

Melinda Witham
 Print or Type Name of Authorized Representative