



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: 2016

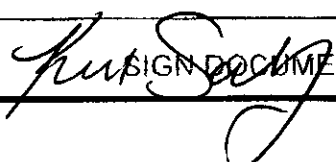
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

1. Entity ID Number <b>1659147</b>		2. Exact name of the Corporation <b>Furry Coats, Inc.</b>			
3. Principal Office Address <b>479 Atwood Avenue</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	
4. Business Phone Number <b>401-497-7689</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Pet grooming</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Kim Salisbury</b>		Vice-President Name <b>Lillian Jean Delmonico</b>			
Street Address <b>11 Balcom Road</b>		Street Address <b>1110 Pine Hill Road</b>			
City <b>Foster</b>	State <b>RI</b>	Zip <b>02825</b>	City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
Secretary Name <b>Kim Salisbury</b>		Treasurer Name <b>Lillian Jean Delmonico</b>			
Street Address <b>11 Balcom Road</b>		Street Address <b>110 Pine Hill Road</b>			
City <b>Foster</b>	State <b>RI</b>	Zip <b>02825</b>	City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Kim Salisbury</b>		Director Name <b>Lillian Jean Delmonico</b>			
Street Address <b>11 Balcom Road</b>		Street Address <b>110 Pine Hill Road</b>			
City <b>Foster</b>	State <b>RI</b>	Zip <b>02825</b>	City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
9. Shares Authorized  This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES		CLASS/SERIES	
		10,000		Common	
				PAR VALUE	
				0.01	
11. 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. <b>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.</b>					
Name of Authorized Representative <b>Kim Salisbury</b>				Date <b>7-25-16</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

AUG 05 2016

BY 0260/7244

FORM 630 - Revised: 05/2016