



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 **2016**

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. 1102094		2. Exact name of the limited liability company pro-leash, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Development & production of pet related products	
5. Principal office address 171 Old Baptist Road		City North Kingstown	State RI
		Zip 02882	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Donald E. Culp		Contact Title Member	
Street Address 171 Old Baptist Road		City North Kingstown	State RI
		Zip 02882	
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 Same as above		Manager Name	
Street Address		Street Address	
City	State	Zip	
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.			

FILED

NOV 14 2016

By **288403**

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.

Signature of Authorized Person

Donald E. Culp

Print or Type Name of Authorized Person

Date

10-27-16