



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

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED STATE
 R.I. DEPT. OF
 BUS. SVCS
 2017 JAN 23 AM 10:04

1. Entity ID Number 160204		2. Exact name of the Corporation FUR KIDZ, LTD.			
3. Principal Office Address 49 NORTH SHORE DRIVE			City EAST PROVIDENCE	State RI	Zip 02915
4. NAICS Code 81 - Other Services (except Pub		6. Brief description of the character of business conducted in Rhode Island PET GROOMING			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LUCILLE DALPE			Vice-President Name JUDITH A. BUTTERMAN		
Street Address 49 NORTH SHORE DRIVE			Street Address 49 NORTH SHORE DRIVE		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
Secretary Name LUCILLE DALPE			Treasurer Name JUDITH A. BUTTERMAN		
Street Address 49 NORTH SHORE DRIVE			Street Address 49 NORTH SHORE DRIVE		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name LUCILLE DALPE			Director Name JUDITH A. BUTTERMAN		
Street Address 49 NORTH SHORE DRIVE			Street Address 49 NORTH SHORE DRIVE		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	\$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.					
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.					
Name of Authorized Representative <i>Lucille H Dalpe, PRES</i>					Date 1-14-17
Signature of Authorized Representative <i>Lucille H Dalpe, PRES</i>					

FILED

JAN 23 2017

By 293780

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov