



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.

1. Entity ID Number 794094		2. Exact name of the Corporation Bff Grooming, Inc.			
3. Principal Office Address 246 Main Street		City East Greenwich		State RI	Zip 02818
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Pet grooming and other services and products			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Rosalia Tarbox			Vice-President Name Deva Pieranunzi		
Street Address 246 Main Street			Street Address 246 Main Street		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Rosalia Tarbox			Treasurer Name Deva Pieranunzi		
Street Address 246 Main Street			Street Address 246 Main Street		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued		Check the box to indicate an attachment ☐			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
400		Common		\$0.01 par value	
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 Rosalia Tarbox, President					Date 1.26.17
Signature of Authorized Representative <i>Rosalia Tarbox</i>					FILED

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2016