



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 304906		2. Exact name of the limited liability company Shampoochie's Pet Grooming, LLC			3. NAICS Code	
4. Brief description of the character of the business which is actually conducted in Rhode Island Pet grooming. (S12910)					5. State of Formation Rhode Island	
6. Principal office address 1877 Smith Street			City North Providence	State RI	Zip 02911	
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:						
Contact Name Valerie J. Failla			Contact Title Manager			
Street Address 1877 Smith Street			City North Providence	State RI	Zip 02911	
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
Manager Name Valerie J. Failla			Manager Name			
Street Address 1877 Smith Street			Street Address			
City North Providence	State RI	Zip 02911	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. RESIDENT AGENT IN RHODE ISLAND						
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11 Orson and Brusini Ltd.						

FILED

SEP 20 2017

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

BY S158

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.

Valerie J. Failla 9-18-17
Signature of Authorized Person Date



Valerie J. Failla, Manager

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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