s s	tate of Rhode Island and Pro Office of the Secret		Fee: \$50.00
	Division Of Busines 148 W. River S	Street	
HOPE	Providence RI 029 (401) 222-30		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability com in thirty (30) days after the time preso penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2017</u>		
1. ID No. <u>000795438</u>	3		
2. Exact Name of the Limited Liability Company PAWS N CLAWS LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
-	Code that best describes the primary e information on <u>NAICS</u> can be found	•	ty. Download
<u>812910</u>			
4. Brief Description of th	e Character of the Business Whic	h is Actually Conducted in Rh	ode Island
PET SITTING AND DO	OG WALKING IN CLIENTS HO	MES	
5. Principal Office Addre	SS		
	DEER STREETJMFORDState: RI	<u>I</u> Zip: <u>02916</u> Country	y: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Nam	e or Title of Contact Person:	
	MCNUTY Contact Title: OWNER		
City or Town: <u>R</u>	UMFORD State: <u>RI</u>	Zip: <u>02916</u> Country:	<u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Lia RS	bility Company, if Applicable.	
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip (	Loae, Country
8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALTER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

AMBER MCNULTY 22 DEER STREET RUMFORD, RI 02916

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

**Signed this 8 Day of October, 2017 at 11:57:29 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By AMBER MCNULTY

Signature of Authorized Person

Form No. 632 Revised 09/07

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