



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
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
SECRETARY OF STATE
CORPORATIONS DIV

2018 FEB 27 PM 1:40

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 812910		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 ☐					
President Name LUCILLE G. 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 G. 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 ☐					
Director Name LUCILLE G. 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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 LUCILLE G. DALPE, PRESIDENT					Date 2-12-18
Signature of Authorized Representative <i>Lucille G. Dalpe</i> Pres. Sig.					

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

FILED

FEB 27 2018

BY 325383

FORM 630 - Revised: 10/2017