



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JUN 03 2019

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 209
10

1. Entity ID Number <u>119750</u>		2. Exact name of the Corporation <u>Purr-fect Pet-sitting LTD</u>	
3. Principal Office Address <u>124 Royal Ave.</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02920</u>	
4. NAICS Code <u>812990</u>	6. Brief description of the character of business conducted in Rhode Island <u>Care of customers' pets while they are @ work or on vacation</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Sharon DiRaimo</u>		Vice-President Name <u>Sharon DiRaimo</u>	
Street Address <u>124 Royal Ave.</u>		Street Address <u>124 Royal Ave.</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Cranston</u>	State <u>RI</u>
Zip <u>02920</u>		Zip <u>02920</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>None</u>		Director Name <u>None</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized <u>100</u>		10. Shares Issued <u>100</u>	
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>No par value</u>
		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 <u>Sharon DiRaimo</u>		Date <u>5/29/19</u>	
Signature of Authorized Representative			

MAIL TO:

Division of Business Services

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