RI SOS Filing Number: 201923968790 Date: 10/9/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019 Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

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1. Entity ID Number 000140240	.	2. Exact name of the Limited Liability Company Healing Paws LLC				
3. NAICS Code 541940	4. Brief des Veterinary	Brief description of the character of business conducted in Rhode Island Veterinary services				
5. State of Formation	_					
Rhode Island						
6. Principal Office Address		· · · · · · · · · · · · · · · · · · ·	City	State	Zip	
1275 Westminster Street			Providence	Ri	02909	
7. Mailing Address of Limite	d Liability Compa	ny and Name or Ti	tle of Contact Person			
Contact Name Jeff Corey			Contact Title President			
Street Address 1275 Westminster Street			City Providence	State RI	Zip 02909	
8. List ALL managers (name	es and addresses) of the Limited Lia	ibility Company, IF APPLICAL	BLE - DO NOT LIST	MEMBERS	
Manager Na			Manager Name			
Street Address -			Street Address			
Circ	State RI	Zip 02909	Citv	Sta	y	
Manager Name			Manager Name		. <u> 3:</u>	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		L		Check the box to	indicate an attachment	
9. Resident Agent in Rhode	Island. This informa	ation is currently of re	ecord with the Department of Sta	ite. Changes require fili	ng Form 642.	
Under penalty of perjury, I statements, and that all sta	declare and affil atements contain	rm that I have exa ned herein are tru	mined this report, includin e and correct.	g any accompanyir	ng schedules and	
Name of Authorized Person			Date			
Jeff Corey				10/7/2019		
Signature of Authorized Pers	son	John S. Commission of the Comm	OCUMENT HERE	- 1		
					FILED	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY 100 9 2019

FORM 632 - Revised: 10/2017