State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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.

1. Entity ID Number	2. Exact name of the Limited Liability Company
000140240	**Healing Paws LLC**
3. NAICS Code **541940**	4. 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 Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
Jeff Corey	**President**		
Street Address **1275 Westminster Street**	City **Providence**	State **RI**	Zip **02909**

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name			Manager Name		
Street Address			Street Address		
City	State **RI**	Zip **02909**	City	State	
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.

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 Person	Date
Jeff Corey	**10/7/2019**

Signature of Authorized Person — SIGN DOCUMENT HERE

FILED

OCT 09 2019

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MAIL TO:
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