



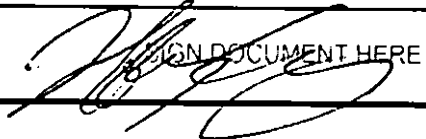
State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**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<br><b>000140240</b>                                                                                                                                                                     |  | 2. Exact name of the Limited Liability Company<br><b>Healing Paws LLC</b>                                 |                                |                          |                                  |
| 3. NAICS Code<br><b>541940</b>                                                                                                                                                                              |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Veterinary services</b> |                                |                          |                                  |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |  |                                                                                                           |                                |                          |                                  |
| 6. Principal Office Address<br><b>1275 Westminster Street</b>                                                                                                                                               |  | City<br><b>Providence</b>                                                                                 |                                | State<br><b>RI</b>       | Zip<br><b>02909</b>              |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |  |                                                                                                           |                                |                          |                                  |
| Contact Name <b>Jeff Corey</b>                                                                                                                                                                              |  |                                                                                                           | Contact Title <b>President</b> |                          |                                  |
| Street Address <b>1275 Westminster Street</b>                                                                                                                                                               |  |                                                                                                           | City <b>Providence</b>         |                          | State <b>RI</b> Zip <b>02909</b> |
| 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 <b>RI</b>                                                                                           | Zip <b>02909</b>               | City                     | State                            |
| Manager Name                                                                                                                                                                                                |  |                                                                                                           | Manager Name                   |                          |                                  |
| Street Address                                                                                                                                                                                              |  |                                                                                                           | Street Address                 |                          |                                  |
| City                                                                                                                                                                                                        |  | State                                                                                                     | Zip                            | City                     | State Zip                        |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |  |                                                                                                           |                                |                          |                                  |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |  |                                                                                                           |                                |                          |                                  |
| <b>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.</b> |  |                                                                                                           |                                |                          |                                  |
| Name of Authorized Person<br><b>Jeff Corey</b>                                                                                                                                                              |  |                                                                                                           |                                | Date<br><b>10/7/2019</b> |                                  |
| Signature of Authorized Person<br>                                                                                       |  |                                                                                                           |                                |                          |                                  |

**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

OCT 09 2019  
BY **1048**  
