



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

FILED

Annual Report for the year: 2020
 Corporation

FEB 18 2023

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 31402

1. Entity ID Number <u>65712</u>		2. Exact name of the Corporation <u>The Purple Cow Company</u>			
3. Principal Office Address <u>205 Main Street</u>			City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>
4. NAICS Code <u>452990</u>		6. Brief description of the character of business conducted in Rhode Island <u>Retail: Jewelry, Gifts + Clothing</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Melinda Witham</u>			Vice-President Name <u>Johanna G. Witham</u>		
Street Address <u>302 Ross Hill Road</u>			Street Address <u>946A Tuckertown Road</u>		
City <u>Charlestown</u>	State <u>RI</u>	Zip <u>02813</u>	City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>
Secretary Name <u>Beverly J. Clark</u>			Treasurer Name		
Street Address <u>794 Ministerial Road</u>			Street Address		
City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>	City	State	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	Zip	City	State	Zip
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>200 Shares</u>		<u>A</u>	<u>No Common</u>
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>Melinda Witham</u>				Date <u>2/12/2020</u>	
Signature of Authorized Representative 					

MAIL TO:
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