	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S		
	Providence RI 02904-2615		
HOPE	(401) 222-304	40	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability com n thirty (30) days after the time presc penalty fee of \$25.00.		2
ANNUAL REPORT YEAR:	2020		
1. ID No. <u>000313429</u>			
2. Exact Name of the Limited Liability Company <u>RUFF LIFE LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.			
<u>812910</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conduct	ed in Rhode Island
DOG DAYCARE BOA	RDING & GROOMING		
5. Principal Office Addre	SS		
No. and Street: 8205 POST ROAD			
City or Town: <u>NO</u>	RTH KINGSTOWN State	:: <u>RI</u> Zip: <u>02852</u>	Country: <u>USA</u>
6. Mailing Address of Li	nited Liability Company and Name	or Title of Contact F	Person:
Contact Name: Contact Title:			
No. and Street: 8205 POST ROAD			
City or Town: <u>NOF</u>	<u>TH KINGSTOWN</u> State:	<u>RI</u> Zip: <u>02852</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name		Iress
	First, Middle, Last, Suffix	Address, City or Town,	State, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>GRETCHEN L. TOOROCK</u> <u>8205 POST ROAD</u> <u>NORTH KINGSTOWN</u>, <u>RI</u> <u>02852</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 9 Day of October, 2020 at 10:13:13 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By **GRETCHEN TOOROCK**

Signature of Authorized Person

Form No. 632 Revised 09/07

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