



State of Rhode Island

## Department of State - Business Services Division

STAMP

Annual Report for the year: 2020

## 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>001693194                                                                                                                                                                            |       | 2. Exact name of the Limited Liability Company<br>PUPS DOG GROOMING SALON, LLC                    |                         |                 |              |
| 3. NAICS Code<br>812910                                                                                                                                                                                     |       | 4. Brief description of the character of business conducted in Rhode Island<br>Dog Grooming Salon |                         |                 |              |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                       |       |                                                                                                   |                         |                 |              |
| 6. Principal Office Address<br>203 Washington Street                                                                                                                                                        |       |                                                                                                   | City<br>West Warwick    | State<br>RI     | Zip<br>02893 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                   |                         |                 |              |
| Contact Name<br>Lori A Smith                                                                                                                                                                                |       |                                                                                                   | Contact Title<br>Member |                 |              |
| Street Address<br>203 Washington Street                                                                                                                                                                     |       |                                                                                                   | City<br>West Warwick    | State<br>RI     | Zip<br>02893 |
| 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 | Zip                                                                                               | City                    | State           | Zip          |
| 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. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                         |       |                                                                                                   |                         |                 |              |
| <i>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.</i> |       |                                                                                                   |                         |                 |              |
| Name of Authorized Person<br>Lori A Smith                                                                                                                                                                   |       |                                                                                                   |                         | Date<br>10/6/20 |              |
| Signature of Authorized Person<br>                                                                                                                                                                          |       |                                                                                                   |                         |                 |              |

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## MAIL TO:

Division of Business Services

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