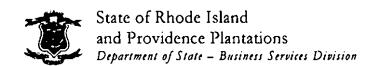
RI SOS Filing Number: 202066282310 Date: 10/13/2020 4:00:00 PM



OCT 1 3 2020 &

148 W. River Street Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPÖRT FOR THE YEAR _

2020

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

				<u> </u>				
1. ID No.						3. NAICS Code		
304906	Shampoochie's Pet Grooming, LLC						012910	
4. Brief description of	the character o	f the business whi	ch is actually conducted	in Rhode Island		5. State of For.		
Pet grooming.						Rhode Island		
6. Principal office address				City	Ste	l Ite	Zip	
1877 Smith Street				North Providence	RI		02911	
7. MAILING ADDRI	ESS OF LIMIT	ED LIABILITY	COMPANY AND NAM	ME OR TITLE OF CONTACT PE	RSON:			
Contact Name Contact Title								
Valerie J. Failla				Manager				
Street Address				City	State		7.ip	
1877 Smith Street				North Providence	RI		02911	
8. NAME AND ADDE			F THE LIMITED LIAI ORE USING ATTACH	BILITY COMPANY, IF APPLICA	_		<u>MEMBERS</u>	
Manager Name Valerie J. Failla				Manager Name				
Street Address 1877 Smith Street				Street Address				
City North Providen	Stat		Zip 02044	City	Sta	ie –	Zip	
	ce Ri		02911				J	
Manager Name				Manager Name				
Street Address				Street Address				
City	Stat	,	Zip	City	Sta	te	Zip	
9. RESIDENT AGEN	T IN RHODE	ISLAND		1			1	
This information is cur	rently of record	d in the Office of	the Secretary of State.	Changes require filing of Form 642	– R.J.C	L. 7-16-11Orso	n and Brusini Ltd.	
				<u> </u>				

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

File Date
Check No.
Ву:
FOR SECRETARY OF STATE USE ONLY

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.

gnature of Authorized Person

Valerie J. Failla, Manager

Print or Type Name of Authorized Person