RI SOS Filing Number: 202069642940 Date: 10/26/2020 4:00:00 PM

Street Address

City

Zip

Annual Report for the year:  $\frac{2020}{}$ **Limited Liability Company** 

Street Address

City

State

| Annual Report for the y<br>Limited Liability Compa<br>→ Filing period: September<br>→ Filing Fee: \$50.00<br>→ Penalty: Additional \$25.00 | iny<br>1 - November   |           | nber 1.  | . BY        | CACTURE SAID Y       |
|--|---|-----------|--|-------------|----------------------|
| 1. Entity ID Number<br>962151  | 2. Exact name of the Limited Liability Company FOUR PAWS OF RHODE ISLAND, LLC |           |  |             |                      |
| 3. NAICS Code 531390 5. State of Formation Rhode Island  |   |           | cter of business conducted in F<br>and renovating and improvem |             | n said real estae    |
| 6. Principal Office Address<br>343 Warwick Avenue  | -   |           | City<br>Warwick  | State<br>RI | Zip<br>02888         |
| 7. Mailing Address of Limited Liability Company and Name or Title Contact Name John D. Biafore   |   |           | of Contact Person  Contact Title Attorney                      |             |                      |
| Street Address 253 Main Street   |   |           | City East Greenwich  | State RI    | <sup>Zjp</sup> 02909 |
| 8. List ALL managers (names and addresses) of the Limited Liabil Manager Name Charles Callanan   |   |           | Manager Name   |             |                      |
| Street Address 30 Eldredge Avenue  |   |           | Street Address   |             |                      |
| City East Greenwich  | State RI  | Zip 02818 | City   | State       | Zip                  |
| Manager Name   |   |           | Manager Name   |             |                      |

FILED

OCT-2 6 720201P

| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.  |      |  |  |  |  |  |
|--|------|--|--|--|--|--|
| 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 Person  | Data |  |  |  |  |  |

Charles Callanan, Manager

State

21 OCT 2020

Check the box to indicate an attachment

Zip

Signature of Authorized Per

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov