RI SOS Filing Number: 202069998740 Date: 10/27/2020 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE **BUS SVCS DIV**

2020 OCT 27 ₽ 3:58

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.

| Entity ID Number | 2. Exact nan | 2. Exact name of the Limited Liability Company | | | | |
|---|---|--|-------------------------------|------------------|------------------------|--|
| 818123 | Carixu's Grooming LLC | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 812910 | · | · | | | | |
| 5. State of Formation | | | | | | |
| RT | Dog | Dog Carooming City State Zip | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 466 Wickerndin St | | | Pras. | RI | 02903 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name | | | Contact Title | Contact Title | | |
| Street Address 466 Wickenden & | | | City Pra. | State | ^{Zip} 62903 | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | |
| Manager Name | | | Manager Name | Manager Name | | |
| Street Address | | | Street Address | Street Address | | |
| City | State | Zip | City | State | Zip | |
| Manager Name | | | Manager Name | Manager Name | | |
| Street Address | | | Street Address | Street Address | | |
| City | State | Zip | City | State | Zip | |
| · · · · · · · · · · · · · · · · · · · | \ <u>-</u> | <u> </u> | | Check the box to | indicate an attachment | |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | | | |
| | clare and affir | m that I have | examined this report, includi | | | |
| Name of Authorized Person Date | | | | | | |
| Elisabety Grix | | | | | 4.20 | |
| Signature of Authorized Person | | | | | | |
| Eyan Sus | | | | | | |
| | | | | | | |

MAIL TO:

Division of Business Services

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

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