



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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

2020 DEC -3 PM 1:57

1. Entity ID Number 000898559		2. Exact name of the Corporation Contain My Dog, Inc.			
3. Principal Office Address 65 Bancroft Ave		City Warwick		State RI	Zip 02889
4. NAICS Code 812910		6. Brief description of the character of business conducted in Rhode Island Electric Dog Fence containment, Dog Training And Any other Legal Business			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Steven Schwartz		Vice-President Name None			
Street Address 65 Bancroft Avenue		Street Address			
City Warwick	State RI	Zip 02889	City	State	Zip
Secretary Name None		Treasurer Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None		Director Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name None		Director Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100			.01
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative Jeffrey S. Bibby, CPA				Date 12/02/2020	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

DEC 03 2020

BY CA CIRS FORM 630 - Revised: 08/2020

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