RI SOS Filing Number: 202193328660 Date: 2/26/2021 4:00:00 PM

State of Rhode Island					_	FILED	
Department of Annual Report for the	Division			FEB 2.6 2021			
orporation	e year: 2021	L	_			1771	
→ Filing period: January 1 - March 1						BY_	
→ Filing Fee: \$50.00						γ	
→ Penalty: Additional \$25.						W	
1. Entity ID Number		ne of the Corporation					
14580	THE KAP	RPET KLINIC,	INC.				
3. Principal Office Address			City		State	Zip	
194 Gansett Avenue			Cranston		RI	02910	
1. NAICS Code	6. Brief descr	ription of the charac	cter of business co	onducted in Rhode Is	sland		
444190	Buying, sel	lling and installing	y of carpet.				
5. State of Incorporation							
Rhode Island	l						
7. List ALL officers (names and	id addresses)				the box to ir	ndicate an attachment 🔲	
President Name Michael W. Pir	irolli		Vice-President	Vice-President Name Michael W. Pirolli			
Street Address 111 Mystery Farm Drive			Street Address	Street Address 111 Mystery Farm Drive			
City Cranston	State RI	Zip 02921	City Cranstor	City Cranston		Zip 02921	
Secretary Name William E. Pire		^{nė} Michael W. Pirolli					
Street Address 117 Metro Center Boulevard, Suite 3000				117 Metro Center E	Boulevard,		
^{City} Warlwck	State RI	^{Zip} 02886	City Warwick		State RI		
List ALL directors (names a Director Name	and addresses)		In: stee kinma		the box to in	indicate an attachment 🗀	
None None			Director Name	Non e			
Street Address			Street Address				
City	State	Zip	City			Zlp	
Director Name None			Director Name				
Street Address			Street Address	•			
City	State	Zip	City		State	Zip	
9. Shares Authorized This Information is currently of		10. Shares Iss				indicate an attachment	
This information is currently of Department of State.	I record in the		OF SHARES	CLASS/SERIES	<u>s</u>	PAR VALUE No Par Value	
Changes require an additional (filing.	200		Common	Common		
11. This report must be execu	uted on behalf of the	e compration by an	authorized repres	containe If the como	ration is in	the hands of a receiver or	
trustee, this report must be ex	xecuted on behalf of	of the corporation by	the receiver or to	rustee.			
Under penalty of perjury, I o statements, and that all stat	declare and affirm itements contained	that I have examin	ned this report, in	ncluding any accon		chedules and	
Name of Authorized Represer Michael W. Pirolli	ntative			Date Jajaj			
Signature of Authorized Repre	resentative)	SIGN DC	OCUMENT HERE			7	
Michaely	TT Urou	C	700416141116116				

MAIL TO:

Division of Business Services

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

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