State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number	2. Exact name of the Limited Liability Company		
001682204	Therapy Paws, LLC		
3. NAICS Code: 999999	4. Brief description of the character of business conducted in Rhode Island: Services are volunteer and incorporate pet assisted therapy with children and adults in the community		
5. State of Formation: RI			
6. Principal Office Address: 15 Steere Rd.	City: Glocester	State: RI	Zip: 02814
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name: Stephanie M. Pinto	Contact Title: owner		
Street Address: 15 Steere Rd	City: Glocester	State: RI	Zip: 02814
8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**			
Manager Name	Manager Name		
Street Address	Street Address		
City / State / Zip	City / State / Zip		
Manager Name	Manager Name		
Street Address	Street Address		
City / State / Zip	City / State / Zip		
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.			
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: Stephanie Pinto	Date: 4-26-21		
Signature of Authorized Person: Stephanie Pinto			

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

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FORM 632 - Revised: 08/2020