



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 000688832

2. Name of Corporation Chi canine human interaction, Inc.

3. Street Address Principal Business Office:

No. and Street: PO BOX 984

150 NORTH SHORE DR

City or Town: GLENDAL

State: RI Zip: 02826 Country: USA

4. Business Phone No.

14016920147

5. State of Incorporation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

812910

6. Brief Description of the Character of Business Conducted in Rhode Island

CHI CANINE HUMAN INTERACTION, INC. EXERCISES DOGS

TO IMPROVE CANINE LIFE. DOGS ARE TRAINED WITH A PERSONAL FITNESS TRAINER.

PROGRAMS ARE DESIGNED SPECIFIC TO FULFILL DOG'S NEEDS. OUR MISSION IS TO EXERCISE THE BODY, MIND AND REWARD THE SPIRIT TO CREATE A HEALTHY, HAPPIER AND BALANCED DOG.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title

Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	LEONILDA MARIA SILVA MS	150 NORTH SHORE DR GLENDALE, RI 02826 USA
TREASURER	LEONILDA MARIA SILVA MS	150 NORTH SHORE DR. PO BOX 984 GLENDALE, RI 02826 USA
OTHER OFFICER	LEONILDA MARIA SILVA	PO BOX 984 GLENDALE, RI 02826 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	1,000.00	100

9. 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.

Signed this 13 Day of June, 2021 at 12:55:44 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By LEONILDA MARIA SILVA
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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