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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **Limited Liability Company**

→ Filing period: September 1 - November 1

-> Filing Eco. \$50.00.

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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|---|--|-------------------|---------------------------------|-------------------|----------------|--|--|
| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | | |
| 1/111403 | Pets door to door LL(| | | | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | | | |
| 812910 | Pets gromming | | | | | | |
| 5. State of Formation | 1 (2.13 &1.0 MM/M) | | | | | | |
| 21 | | | | | | | |
| 6. Principal Office Address | | - | City | State | T | | |
| 53 Byron A | | | Pawticket | State V | zip 02861 | | |
| 7. Mailing Address of Limited Lia | bility Company a | and Name or Title | e of Contact Person | | 0.000 | | |
| Contact Name Yonathan Martines Street Address | | | Contact Title | | | | |
| Street Address | TONATION HONDINGS | | | Mano ger | | | |
| 306 wal | cott st. | | city Pawticket | State 2\ | Zip 02860 | | |
| 8. List ALL managers (names ar | nd addresses) of | the Limited Liab | ility Company, IF APPLICABLE - | DO NOT LIST ME | EMBERS | | |
| Yonathan Maitines | | | Manager Name | | | | |
| Street Address | | Street Address | | | | | |
| City | State | Zip | City | 10-1- | 7 | | |
| <u>lautucket</u> | <u>Rv</u> | 02860 | J., | State | Zip | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| 0.4 | 1 | · | | | i | | |
| City | State | Zip | City | State | Zip | | |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | | | | |
| 9. The Resident Agent Informatio | n currently of rea | cord with the RI | Department of State is accurate | Changes require (| Sling Form 643 | | |
| Under penalty of perjury, I deci statements, and that all statem | lare and affirm t | that i have evan | ninad this report includi- | / accompanying | schedules and | | |
| Name of Authorized Person | | | | Date | | | |
| Angle Toriqua | | | | 8/12/21 | | | |
| Signature of Authorized Person, h | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | U / | | | 12 | :59 | | |
| MAIL TO: | · / | | | 1 P | \mathcal{I} | | |

Division of Business Services

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

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

RI SOS Filing Number: 202100117110 Date: 8/12/2021 12:59:00 PM



I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

August 12, 2021 12:59 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

