State of Rhode Island Fee: \$50.0
Office of the Secretary of State
Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040
Limited Liability Company
Annual Report Filing Period: February 1 - May 1
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-
16-66(b&c)) is subject to a penalty fee of \$25.00.
ANNUAL REPORT YEAR: 2022
1. ID No. <u>000535514</u>
2. Exact Name of the Limited Liability Company <u>THE WIGGLE ROOM LLC</u>
3. State of Formation
State: <u>RI</u>
ARTICLE III
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download
the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
812910
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island
DOG DAYCARE, GROOMING, TRAINING
5. Principal Office Address
No. and Street: 741 WEST MAIN ROAD
City or Town:MIDDLETOWNState: RIZip: 02842Country: USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:
Contact Name: MAIA CHRUPCALA Contact Title: OWNER
No. and Street: 741 WEST MAIN ROAD
City or Town: <u>MIDDLETOWN</u> State: <u>RI</u> Zip: <u>02842</u> Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11
MAIA CHRUPCALA 741 WEST MAIN ROAD MIDDLETOWN, RI 02842
8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

## **Signed this 11 Day of July, 2022 at 9:22:36 AM by the authorized person.** *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 company, and that the facts stated herein are*

## true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

## By MAIA CHRUPCALA

Signature of Authorized Person

Form No. 632 Revised 09/07

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