Ctate of Dhode Jelend	* • • • •
State of Rhode Island Fee: Office of the Secretary of State Fee:	\$50.00
Division Of Business Services	
148 W. River Street	
Providence RI 02904-2615 (401) 222-3040	
UCFE-	
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>001730553</u>	
2. Exact Name of the Limited Liability Company Paws & Claws Pet Services LLC	
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. Downly the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	oad
<u>453910</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Islar	าd
RESALE OF CAT AND DOG TREATS AND TOYS.	
5. Principal Office Address	
No. and Street:851 MATTESON ROADCity or Town:COVENTRYState:RIZip:02816Coventry:USA	
· · · · · · · · · · · · · · · · · · ·	<u>-</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name: CHRISTINE MANOCCHIA Contact Title: OWNER	
No. and Street: 851 MATTESON ROAD City or Town: COVENTRY State: RI Zip: 02816	4
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	
CHRISTINE M MANOCCHIA 851 MATTESON ROAD COVENTRY, RI 02816	
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 9:31:41 PM 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 CHRISTINE M MANOCCHIA

Signature of Authorized Person

Form No. 632 Revised 09/07

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