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 Reveal of S25.00. ANNUAL REPORT YEAR: 2023 1. ID No. 001675869 Exact Name of the Limited Liability Company Doggy Day Weddings LLC State of Formation 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. <u>812910</u> 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode
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4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode
Island
PET CARE AND TRANSPORTATION OF PETS
5. Principal Office Address
No. and Street: <u>347 GARDEN CITY DRIVE</u>
City or Town:CRANSTONState: RIZip: 02920Country: USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:
Contact Name: JESSICA PRIMO Contact Title: OWNER
No. and Street:347 GARDEN CITY DRIVECity or Town:CRANSTONState:RIZip:02920Country:USA
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11
JESSICA PRIMO 347 GARDEN CITY DRIVE CRANSTON , RI 02920

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 2 Day of February, 2023 at 12:51:39 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 JESSICA PRIMO Signature of Authorized Person

Form No. 632 Revised 09/07

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