State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2023 Corporation

→ Filing period: January 1 - March 1

Filing Fee: \$50.00

FILED \
FFP 21 2023 (7
BY
00

→ Penalty: Additional \$25	o.uu tee it form is n	ot filed by April 1.						
1. Entity ID Number 000794094		2. Exact name of the Corporation  Bff Grooming, Inc.						
3. Principal Office Address	Office Address				State	Zip		
246 Main Street			East Green	st Greenwich		02818		
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island						
812910	Pet groomi	Pet grooming and services and products.						
5. State of Incorporation								
Rhode Island								
7. List ALL officers (names a	nd addresses)				eck the box to i	ndicate an attachment 🔲		
President Name Rosalia Tarb		Vice-President Name Deva Pieranunzi						
Street Address 246 Main Stre	Street Address 246 Main Street							
City East Greenwich	State RI	Zip 02818	City East Greenwich		State RI	<sup>Zip</sup> 02818		
Secretary Name Rosalia Tarbox			Treasurer Name Deva Pleranunzi					
Street Address 246 Main Street			Street Address 246 Main Street					
City East Greenwich	State RI	<sup>Zip</sup> 02818	City East Greenwich		State RI	<sup>Zip</sup> 02818		
8. List ALL directors (names	and addresses)			Ch	eck the box to i	ndicate an attachment		
Director Name No directors			Director Name	9				
Street Address			Street Address					
City	State	Zip	City		State	Zip		
Director Name	<del></del>	<del></del>	Director Name	9	<b>k</b>	•		
Street Address	Street Address	Street Address						
City	State	Zip	City	<del></del>	State	Zip		
9. Shares Authorized		10. Shares Is		Ch	eck the box to i	ndicate an attachment 🔲		
This Information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES PAR VALUE  Common \$0.01 par value		1		
						\$0.01 par value		
Changes require an additional	filing.							
11. This report must be executrustee, this report must be e					orporation is in t	the hands of a receiver or		
Under penalty of perjury, I statements, and that all sta	declare and affirm	that I have examin	ned this report, i		companying s	chedules and		
Name of Authorized Represe Rosalia Tarbox, President		ralie	Wy Va	7	Date	12/2023		
Signature of Authorized Repr	resentative	7 00100	Tasl	<del>\</del>		10. 1000		
	* ' ' K	walk-	~ KU KK	<u>X</u>				
MAIL TO:								

Division of Business Services

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

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