

Annual Report for the year: 2023
Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

	ILED	STAMP
MAR	01 202	FOR STAFF
BY	-14	3 SECRETARY OF STATE

1. Entity ID Number	2. Exact name of the Limited	2. Exact name of the Limited Liability Company				
000140240	Healing paws \ \1	Healing paws \\\ \(\)				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
541940	Veterinary Services	Veterinary Services				
5. State of Formation						
Rhode Island						
6. Principal Office Address		City	State	Zip		
7 Gilbert Street		Providence	RI	02909		
7. Mailing Address of Limite	d Liability Company and Name or I	Fitle of Contact Person				
Contact Name Jeffrey Corey		Contact Title				
Street Address 7 Gilbert Street		^{City} Providence	State RI	^{Zip} 02909		
8. The Resident Agent Infor	mation currently of record with the	RI Department of State is accur	ate. Changes requir	e filing Form 642.		
	l declare and affirm that I have ex latements contained herein are to		any accompanyin	g schedules and		
Name of Authorized Person			Date			
Jeffrey Corey			02/03/2023			
Signature of Authorized Per	son //		•			
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MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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