



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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2023 MAR -8 P 12:53

1. Entity ID Number 160204		2. Exact name of the Corporation FUR KIDZ, LTD.			
3. Principal Office Address 49 NORTH SHORE DRIVE			City EAST PROVIDENCE	State RI	Zip 02915
4. NAICS Code 812910	6. Brief description of the character of business conducted in Rhode Island PET GROOMING				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LUCILLE G. DALPE			Vice-President Name JUDITH BUTTERMAN		
Street Address 49 NORTH SHORE DRIVE			Street Address 49 NORTH SHORE DRIVE		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
Secretary Name LUCILLE G. DALPE			Treasurer Name JUDITH BUTTERMAN		
Street Address 49 NORTH SHORE DRIVE			Street Address 49 NORTH SHORE DRIVE		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name LUCILLE G. DALPE			Director Name JUDITH BUTTERMAN		
Street Address 49 NORTH SHORE DRIVE			Street Address 49 NORTH SHORE DRIVE		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			100 SHARES	COMMON	\$0.01 PAR VALU
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative LUCILLE G. DALPE, PRESIDENT					Date 3-1-2023
Signature of Authorized Representative <i>Lucille G. Dalpe, President</i>					FILED 1203 MAR 08 2023 BY 002925

MAIL TO:
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Phone: (401) 222-3040
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