State of Rhode Island Fee: \$50.00 Office of the Secretary of State Office		
Division Of Business Services		
148 W. River Street		
Providence RI 02904-2615		
1636 (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 law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.		
ANNUAL REPORT YEAR: <u>2023</u>		
1. ID No. <u>000275109</u>		
2. Exact Name of the Limited Liability Company <u>RUFFIN' WRANGLERS LLC</u>		
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. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.		
<u>811291</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
THE COMPANY IS FORMED FOR THE PURPOSE OF PROVIDING DOG WALKING		
SERVICES, AND		
ENGAGING IN SUCH OTHER ACTIVITIES AS THE MEMBERS MAY DETERMINE WHICH ARE		
PERMITTED TO BE ENGAGED IN BY LIMITED LIABILITY COMPANIES UNDER THE		
PROVISIONS OF THE RHODE ISLAND LIMITED LIABILITY COMPANY ACT, AS		
<u>AMENDED.</u>		
5. Principal Office Address		
No. and Street: <u>57 MONTAGU ST. A</u>		
City or Town: <u>CHARLESTON</u> State: <u>SC</u> Zip: <u>29401</u> Country: <u>USA</u>		
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name: <u>BLYTHE B. PENNA</u> Contact Title: <u>MANAGER</u>		

No. and Street: City or Town:

57 MONTAGU ST.	A
CHARLESTON	

State: <u>SC</u> Zip: <u>29401</u>

Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MCLAUGHLINQUINN LLC 148 WEST RIVER STREET, SUITE 1E PROVIDENCE , RI 02904

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

Signed this 19 Day of April, 2023 at 10:41:24 AM 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 <u>BLYTHE B. PENNA</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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