



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

FILED

JUN 30 2023

BY 33731

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

|  |                    |   |   |                          |                               |
|--|--------------------|---|---|--------------------------|-------------------------------|
| 1. Entity ID Number<br><u>000065712</u>  |                    | 2. Exact name of the Corporation<br><u>The Purple Cow Co.</u>   |   |                          |                               |
| 3. Principal Office Address<br><u>205 Main st.</u>   |                    |   | City<br><u>Wakefield</u>                        | State<br><u>RI</u>       | Zip<br><u>02879</u>           |
| 4. NAICS Code<br><u>52990</u>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><u>Retail gift shop</u>                |   |                          |                               |
| 5. State of Incorporation<br><u>RI</u>   |                    |   |   |                          |                               |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |   |                          |                               |
| President Name<br><u>Melinda Witham</u>  |                    |   | Vice-President Name<br><u>Johanna G. Witham</u> |                          |                               |
| Street Address<br><u>202 Ross hill Rd.</u>   |                    |   | Street Address<br><u>946 A Tuckertown Rd</u>    |                          |                               |
| City<br><u>Charlestown</u>   | State<br><u>Re</u> | Zip<br><u>02813</u>   | City<br><u>Wakefield</u>                        | State<br><u>RI</u>       | Zip<br><u>02879</u>           |
| Secretary Name<br><u>Beverly Clark</u>   |                    |   | Treasurer Name<br><u>NA</u>                     |                          |                               |
| Street Address<br><u>794 Ministerial Rd.</u>   |                    |   | Street Address                                  |                          |                               |
| City<br><u>Wakefield</u>   | State<br><u>RI</u> | Zip<br><u>02879</u>   | City  | State                    | Zip                           |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |   |                          |                               |
| Director Name<br><u>None</u>   |                    |   | Director Name<br><u>None</u>                    |                          |                               |
| Street Address   |                    |   | Street Address                                  |                          |                               |
| City   | State              | Zip   | City  | State                    | Zip                           |
| Director Name<br><u>None</u>   |                    |   | Director Name<br><u>None</u>                    |                          |                               |
| Street Address   |                    |   | Street Address                                  |                          |                               |
| City   | State              | Zip   | City  | State                    | Zip                           |
| 9. Shares Authorized   |                    | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |   |                          |                               |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |                    | NUMBER OF SHARES<br><u>200</u>  |   | CLASS/SERIES<br><u>A</u> | PAR VALUE<br><u>No Common</u> |
|  |                    |   |   |                          |                               |
| 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.<br><b>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.</b> |                    |   |   |                          |                               |
| Name of Authorized Representative<br><u>Melinda Witham</u>   |                    |   |   | Date<br><u>6/28/23</u>   |                               |
| Signature of Authorized Representative<br><u>[Signature]</u>   |                    |   |   |                          |                               |

MAIL TO:

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