



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: **2024**

JAN 18 2024

3010

Corporation

- 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 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 RI | | | | | |
| 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 None | | | Director Name None | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized 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. | | | 10. Shares Issued | | Check the box to indicate an attachment <input type="checkbox"/> |
| | | | NUMBER OF SHARES 100 | CLASS/SERIES Common | PAR VALUE \$0.01 Par Value |
| 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 1.9.24 | |
| Signature of Authorized Representative | | | | | |

MAIL TO:
 Division of Business Services
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