RI SOS Filing Number: 202445368350 Date: 2/1/2024 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2024

FE9 01 2024 D

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1. Entity ID Number 2. Exact name of the Corporation							
000794094		Bff Grooming, Inc.					
3. Principal Office Address			City		State	Zip	
246 Main Street			East Green	wich	RI	02818	
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island					
812910	Pet groom	Pet grooming and services and products.					
5. State of Incorporation							
Rhode Island	l l						
7. List ALL officers (names and	d addresses)			Check	k the box to i	ndicate an attachment	
President Name Rosalia Tarbo	Vice-President Name Deva Pieranunzi						
Street Address 246 Main Street	Street Address 246 Main Street						
City East Greenwich	State RI	^{Zip} 02818	City East Greenwich		State RI	State RI Zip 02818	
Secretary Name Rosalia Tarbox			Treasurer Name Deva Pieranunzi				
Street Address 246 Main Street			Street Address 246 Main Street				
City East Greenwich	State RI	^{Zip} 02818	City East Greenwich		State RI	^{Zip} 02818	
8. List ALL directors (names a	nd addresses)	· ·			k the box to i	ndicate an attachment 🔲	
Director Name No directors			Director Name	:			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized	hares Authorized 10. Shares Is		Sued Check the box to indicate an attachment				
This information is currently of record in the		NUMBER O		CLASS/SERIES PAR VALUE			
Department of State.		400	400			\$0.01 par value	
Changes require an additional f	iling.						
11. This report must be execut	ted on behalf of the	corporation by an	authorized repres	sentative. If the corp	oration is in t	the hands of a receiver or	
trustee, this report must be ex-							
Under penalty of perjury, I d statements, and that all state				ncluding any acco	mpanying s	chedules and	
Name of Authorized Represen		i nei en are a de ar	id conect.		Date	110-11	
Rosalia Tarbox, President 1/25/2029							
Signature of Authorized Repre	esentative	Z 198/19	COMEY THIS)W.	•	•	
	<i></i>	17/1/2014	<u> </u>	IV IV			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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

FORM 630 - Revised: 10/2017-