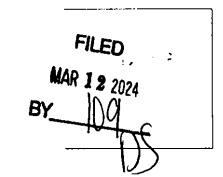
RI SOS Filing Number: 202448344450 Date: 3/12/2024 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024 Limited Liability Company

- → 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 001751983	2. Exact name of the Limited Lia AB'S CAMP, LLC	2. Exact name of the Limited Liability Company AB'S CAMP, LLC		
3. NAICS Code 812910	· ·	4. Brief description of the character of business conducted in Rhode Island PET CARE SERVICES (EXCEPT VETERINARY) 1.		
5. State of Formation RI				
6. Principal Office Address 53 VOLTURNO STREET		City NORTH PROVIDENCE	State RI	Zip 02904
7. Mailing Address of Limite	d Liability Company and Name or Title	of Contact Person		
Contact Name MICHAEL F. AURELIO		Contact Title PRESIDENT		
Street Address 53 VOLTURNO STREET		City N.PROVIDENCE	State RI	^{Zip} 02904
8. The Resident Agent infor	mation currently of record with the RI I	Department of State is accurate. C	hanges require	e filing Form 642.
	l declare and affirm that I have exam tatements contained herein are true		accompanying	g schedules and
Name of Authorized Person MICHAEL F. AURELIO			Date 3-8-24	
Signature of Authorized Per	rson Telio			

MAIL TO:

Division of Business Services

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

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