



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.

FILED
MAR 12 2024
BY 109
DS

1. Entity ID Number 001751983		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)		
5. State of Formation RI				
6. Principal Office Address 53 VOLTURNO STREET		City NORTH PROVIDENCE	State RI	Zip 02904
7. Mailing Address of Limited 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 information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
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 Person MICHAEL F. AURELIO			Date 3-8-24	
Signature of Authorized Person <i>M Aurelio</i>				

MAIL TO:

Division of Business Services

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