



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Business Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

**1. Corporate ID No.** 000688832

**2. Name of Corporation** Chi canine human interaction, Inc.

**3. Street Address Principal Business Office:**

No. and Street: PO BOX 984

150 NORTH SHORE DR

City or Town: GLENDALE

State: RI

Zip: 02826

Country: USA

**4. Business Phone No.**

14016920147

**5. State of Incorporation**

State: RI

**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

812910

**6. Brief Description of the Character of Business Conducted in Rhode Island**

CHI CANINE HUMAN INTERACTION, INC. EXERCISES DOGS TO IMPROVE CANINE LIFE.

CANINE BEHAVIOR TRAINING, AND DOG WALKING SERVICES TO FULFILL DOG'S NEEDS.

OUR MISSION IS TO EXERCISE THE BODY, MIND AND REWARD THE SPIRIT TO CREATE A

HEALTHY, HAPPIER AND BALANCED DOG.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	LEONILDA MARIA SILVA MS	150 NORTH SHORE DR GLENDALE, RI 02826 USA
TREASURER	LEONILDA MARIA SILVA MS	150 NORTH SHORE DR. PO BOX 984 GLENDALE, RI 02826 USA
OTHER OFFICER	LEONILDA MARIA SILVA	PO BOX 984 GLENDALE, RI 02826 USA
OTHER OFFICER	LEONILDA MARIA SILVA	

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares
CNP		\$0.0000	1,000.00	100

9. 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.

Signed this 13 Day of March, 2024 at 8:32:24 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By LEONILDA SILVA  
Signature of Authorized Representative of the Corporation