		Rhode Island Secretary of		Fee: \$50.00
	Division Of	Business Servi	ces	
	148 W	. River Street		
		e RI 02904-261	5	
1636	(401	) 222-3040		
Limited Liability Annual Report Filing Period: Febr				
refusing to file its a	R.I.G.L. 7-16-66(d), each limite annual report within thirty (30) d 66(b&c)) is subject to a penalty	ays after the tim		Y
ANNUAL REPOR	TYEAR - ENTER THE CURRENT	YEAR 2024: 2	2024	
1. ID No. <u>001</u>	765600			
2. Exact Name of the Limited Liability Company <u>Alpine Pet Spa LLC</u>				
3. State of Forma	ation			
State: <u>RI</u>				
	NAIC	S CODE		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>812910</u>				
4. Brief Descripti Island	on of the Character of the Busi	ness Which is A	Actually Condu	cted in Rhode
PET GROOMIN	IG			
5. Principal Offic	e Address			
No. and Street:	<u>2244 PLAINFIELD PIKE</u> <u>UNIT 2</u>			
City or Town:	CRANSTON	State: <u>RI</u>	Zip: <u>02921</u>	Country: <u>USA</u>
6. Mailing Addres	s of Limited Liability Company	and Name or T	itle of Contact	Person:
Contact Name: (				
No. and Street:	2244 PLAINFIELD PIKE			
City or Town:	<u>UNIT 2</u> CRANSTON	State: <u>RI</u>	Zip: <u>02921</u>	Country: <u>USA</u>

## 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

REGISTERED AGENTS INC 47 WOOD AVE SUITE 2 BARRINGTON , RI 02806

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 3 Day of May, 2024 at 11:47:03 AM by the authorized person.** *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By ANDREW TENERELLA

Signature of Authorized Person

Form No. 632 Revised 09/07

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