	hode Island ecretary of State	Fee: \$50.00
Division Of H 148 W. Providence	Business Services River Street RI 02904-2615 222-3040	
Limited Liability Company Annual Report Filing Period: February 1 - May 1		
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.		
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024		
1. ID No. <u>001762160</u>		
2. Exact Name of the Limited Liability Company <u>4 Paws K9 Training LLC</u>		
3. State of Formation		
State: <u>RI</u>		
NAICS 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 Description of the Character of the Business Which is Actually Conducted in Rhode Island		
DOG TRAINING		
5. Principal Office Address		
No. and Street:426 WASHINGTON STCity or Town:COVENTRY	State: <u>RI</u> Zip: <u>02816</u>	<u>6</u> Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name:DONNA VITALEContact Title:ONo. and Street:426 WASHINGTON STCity or Town:COVENTRY	<u>WNER</u> State: <u>RI</u> Zip: <u>02810</u>	<u>6</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		
DONNA VITALE 426 WASHINGTON ST COVENTRY , RI 02816		

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

Signed this 16 Day of May, 2024 at 8:06:35 PM 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 <u>DONNA VITALE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2024 State of Rhode Island All Rights Reserved