

State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: ~~2024~~ 2025  
Corporation

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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RECEIVED  
U.S. DEPT. OF STATE  
BUS. SVCS. DIV.

1. Entry ID Number 001780257		2. Exact name of the Corporation BUNNIES BY THE BAY, INC.			
3. Principal Office Address 3115 V PLACE			City ANACORIES	State WA	Zip 98221
4. NAICS Code 315280		6. Brief description of the character of business conducted in Rhode Island CLOTH ANIMALS			
5. State of Incorporation WA					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>					
President Name SUZANNE KNUITSON			Vice-President Name		
Street Address Same as above			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued		STMT 1 <span style="float: right;">Check the box to indicate an attachment: <input checked="" type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		4455832		COMMON	
				PAR VALUE 100	
11. 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.					
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 Representative					Date 10/14/2024
Signature of Authorized Representative SUZANNE KNUITSON					

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov