

State of Rhode Island
Department of State - Business Services Division:

Annual Report for the year: 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.

FILED

DEC 03 2024
 BY 449
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1. Entity ID Number C01705367		2. Exact name of the Corporation CHIBIS CHOICE PET GROOMING & SUPPLY			
3. Principal Office Address 141 NEWPORT AVENUE			City EAST PROVIDENCE	State RI	Zip 02916
4. NAICS Code 812910		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation RI		GROOMING & SUPPLY			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ALDO ABREU			Vice-President Name ALDO ABREU		
Street Address 7 MILL RD			Street Address 7 MILL RD		
City FOSTER	State RI	Zip 02825	City FOSTER	State RI	Zip 02825
Secretary Name ALDO ABREU			Treasurer Name ALDO ABREU		
Street Address 7 MILL RD			Street Address 7 MILL RD		
City FOSTER	State RI	Zip 02825	City FOSTER	State RI	Zip 02825
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 800	CLASS/SERIES CNP	PAR VALUE 0
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 <u>ALDO ABREU</u>				Date NOV 24, 2024	
Signature of Authorized Representative ALDO ABREU					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov