RI SOS Filing Number: 202566722460 Date: 3/7/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
MAR 07 2025
BY 34909

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.

1. Entity ID Number	2. Exact name of the Corporation			
000065712	The Purple Cow Co.			
3. Principal Office Address		City	State	Zip
205 Main Street		Wakefield	RI	02879
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
459420	Retail Gift Shop			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Melinda Witham			Johanna G. Witham		
Street Address			Street Address		
202 Ross Hill Road			946A Tuckertown Road		
City	State	Zip	City	State	Zip
Charlestown	RI	02813	Wakefield	RI	02879
Secretary Name			Treasurer Name		
Beverly Clark			N/A		
Street Address			Street Address		
794 Ministerial Road					
City	State	Zip	City	State	Zip
Wakefield	RI	02879			

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
			None		
Director Name			Director Name		
None					
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	A	No Common

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
Melinda Witham	3/4/25

Signature of Authorized Representative: Melinda Witham

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised 12/2022