RI SOS Filing Number: 202568948390 Date: 4/3/2025 4:00:00 PM

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

FILED STAMP
APR 02 2025
BY 890

**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 | | |
|---|---|---|---|
| 001774408 | Wolf and Whim, Inc. | | |
| 3. Principal Office Address | City | State | Zip |
| 112 White Birch Circle | Scituate | RI | 02831 |
| 4. NAICS Code: 453910 | 6. Brief description of the character of business conducted in Rhode Island: Pet toys, products, and consumables | | |
| 5. State of Incorporation: Rhode Island | | | |

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

| | | | | | |
|---|---|---|---|---|---|
| President Name: Rachael Onik | | | Vice-President Name: Rachael Onik | | |
| Street Address: 112 White Birch Circle | | | Street Address: 112 White Birch Circle | | |
| City: Scituate | State: RI | Zip: 02831 | City: Scituate | State: RI | Zip: 02831 |
| Secretary Name: Rachael Onik | | | Treasurer Name: Rachael Onik | | |
| Street Address: 112 White Birch Circle | | | Street Address: 112 White Birch Circle | | |
| City: Scituate | State: RI | Zip: 02831 | City: Scituate | State: RI | Zip: 02831 |

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

| | | | | | |
|---|---|---|---|---|---|
| Director Name: Rachael Onik | | | Director Name | | |
| Street Address: 112 White Birch Circle | | | Street Address | | |
| City: Scituate | State: Ri | Zip: 02831 | City | State | Zip |
| Director Name | | | Director Name | | |
| 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 |
|---|---|---|
| 1,000 | CNP | $0.000 |
| | | |

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 |
|---|---|
| RACHAEL ONIK | 3/23/25 |

Signature of Authorized Representative: Rachael Onik

**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. 12/2023