		Rhode Island Secretary of State	Fee: \$50.00
	Division Of	Business Services	
		. River Street	
1426		e RI 02904-2615	
1030	×) 222-3040	
Limited Liability Compa Annual Report Filing Period: February 1 - J			
	port within thirty (30) da	d liability company failing or ays after the time prescribed by fee of \$25.00.	
ANNUAL REPORT YEAR -	ENTER THE CURRENT	YEAR 2025 : <u>2025</u>	
1. ID No. <u>001695222</u>			
2. Exact Name of the Limited Liability Company Animal Supply Company LLC			
3. State of Formation			
State: <u>DE</u>			
	NAIC	S 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>424990</u>			
4. Brief Description of the	Character of the Busi	ness Which is Actually Conduc	ted in Rhode Island
DISTRIBUTOR OF PET	FOOD AND ACCES	<u>SORIES</u>	
5. Principal Office Addres	ŝS		
No. and Street: <u>2403 E. I</u>	NTERSTATE HIGHW	AY 30	
	PRAIRIE	State: <u>TX</u> Zip: <u>75050-5</u>	5814 Country: USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact 1			
No. and Street: <u>2403 E. II</u>			
City or Town: GRAND I		State: <u>TX</u> Zip: <u>75050-5</u>	0014Country: USA
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11			
CORPORATION SERVIC	E COMPANY 222 JEFF	ERSON BOULEVARD, SUITE 2	00 WARWICK , <u>RI</u>

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

Signed this 3 Day of April, 2025 at 7:37:01 AM 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>TIMOTHY BATTERSON</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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