



BA20241548273



STATE OF CALIFORNIA Office of the Secretary of State STATEMENT OF INFORMATION CORPORATION

California Secretary of State 1500 11th Street Sacramento, California 95814 (916) 657-5448 For Office Use Only

-FILED-

File No.: BA20241548273 Date Filed: 8/27/2024

| Entity Details | | | | |
|--|--|---|--|--|
| Corporation Name | | BARKOBARK CO. | | |
| Entity No. | | 6355373 | | |
| Formed In | | CALIFORNIA | | |
| Street Address of Principal Office | of Corporation | | | |
| Principal Address | | 2803 ARIZONA AVE APT 1 SANTA MONICA, CA 90404 | | |
| Mailing Address of Corporation | | | | |
| Mailing Address | | 2803 ARIZONA AVE APT 1 SANTA MONICA, CA 90404 | | |
| Attention | | | | |
| Street Address of California Office of Corporation | | | | |
| Street Address of California Office | | None | | |
| Officers | | | | |
| Officer Name | Officer Address | Position(s) | | |
| + christine claussen | 2803 ARIZONA AVE APT 1 SANTA MONICA, CA 90404 | Chief Executive Officer, Chief Financial Officer, Secretary | | |

| Officer Name | Officer Address | Position | Stated Position | | |
|--------------|-----------------|----------|-----------------|--|--|
| None Entered | | | | | |

Directors

| Director Name | Director Address | |
|----------------------|--|--|
| + christine claussen | 2803 ARIZONA AVE APT 1 SANTA MONICA, CA 90404 | |

The number of vacancies on Board of Directors is: 0

Agent for Service of Process

Agent Name CHRISTINE CLAUSSEN

Agent Address 2803 ARIZONA AVE APT 1
SANTA MONICA, CA 90404

Type of Business

Type of Business marketing consulting

Email Notifications

Opt-in Email Notifications

No, I do NOT want to receive entity notifications via email. I prefer notifications by USPS mail.

Labor Judgment

No Officer or Director of this Corporation has an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code.

| Electronic Signature | | | | |
|--|------------|--|--|--|
| By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign. | | | | |
| | | | | |
| christine claussen | 08/27/2024 | | | |
| Signature | Date | | | |
| | | | | |