



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Non-Profit  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. Corporate ID No.** 001659304

**2. Name of Corporation** American College of Veterinary Anesthesia and Analgesia

**3. State of Incorporation**

State: TN

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code   
813920

**4. Corporate Address in Rhode Island**

No. and Street: 2246 EAST MAIN ROAD  
APT. D

City or Town: PORTSMOUTH State: RI Zip: 02871 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

THE EXECUTIVE SECRETARY TREASURER TO MAINTAIN A BANK ACCOUNT IN THE NAME OF THE CORP COLLECTION OF MONIES PAID BY THE MEMBERSHIP AND OTHER ENTITIES DONATIONS TO THE FOUNDATION FOR THE PURPOSE OF PAYING BILLS RELATING TO THE BUSINESS OF THE CORPORATION

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	CHRISTINE MARIE EGGER DVM	VETMED UNIV TN 2407 RIVER DRIVE KNOXVILLE, TN 37996-4539 USA
TREASURER	LYNNE IRIS KUSHNER DVM	2246 E MAIN RD APT DD PORTSMOUTH , RI 02871 USA
SECRETARY	LYNNE IRIS KUSHNER DVM	2246 E MAIN RD APT D PORTSMOUTH, RI 02871 USA
VICE PRESIDENT	COLIN DUNLOP BVSC	ADVANCED ANESTHESIA SPECIALISTS, UNIT13/46-48 BUFFALO R GLADESVILLE, NSW , 2111 AU
DIRECTOR	BERIT FISCHER DVM	23 BLOSSOM HILL RD LEBANON, NJ 08833 USA
DIRECTOR	KURT GRIMM DVM	VETERINARY SPECIALIST SERVICES, PO BOX 504 CONIFER , CO 80433-1321 USA
DIRECTOR	TURI AARNES DVM	VETERINARY MEDICAL CENTER, THE OHIO STATE UNIVERSITY, 6 COLUMBUS, OH 43210 USA
DIRECTOR	ROSE MCMURPHY DVM	CVM KANSAS STATE 106 A MOSIER HALL MANHATTAN , KS 66506-5601 USA
DIRECTOR	LYDIA LOVE DVM	46 CEDAR LAKE WEST DENVER, NJ 07834-1704 USA
DIRECTOR	SEBASTIEN BAUQUIER DMV	THE UNIVERSITY OF MELBOURNE, 250 PRINCES HIGHWAY WERRIBEE,VIC, 3030 AU

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

LYNNE IRIS KUSHNER 2246 EAST MAIN ROAD, APT. D PORTSMOUTH , RI 02871

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 8 Day of June, 2018 at 11:56:53 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 § 7-6.**

By LYNNE I KUSHNER  
Signature of Authorized Person

Form No. 631  
Revised 09/07