Amended

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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: $50.00 **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**
** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.: 000032631
2. Name of Corporation: Washington County Veterinary Associates, Inc.
3. Street Address Principal Business Office: 4263 Tower Hill Road | City: Wakefield | State: RI | Zip: 02879
4. Business Phone No.: 401-789-7600
5. State of Incorporation: Rhode Island
6. Brief Description of the Character of Business Conducted in Rhode Island: Veterinary Hospital

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: Howard Troob	Vice President Name: Howard Troob
Street Address: 440 Sycamore Lane	Street Address: 440 Sycamore Lane
City: Wakefield State: RI Zip: 02879	City: Wakefield State: RI Zip: 02879
Secretary Name: Howard Troob	Treasurer Name: Howard Troob
Street Address: 440 Sycamore Lane	Street Address: 440 Sycamore Lane
City: Wakefield State: RI Zip: 02879	City: Wakefield State: RI Zip: 02879

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name: Howard Troob	Director Name:
Street Address: 440 Sycamore Lane	Street Address:
City: Wakefield State: RI Zip: 02879	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
500		

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
0		0

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.

[redacted]

FILED
File Date: AUG 31 2007
Check No.:
By: CAA
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Signature: [signature] Date:
Print or Type Name: H. Troob DVM
Title: president

Form 630 Rev. 12/06

12925-2-165766