



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

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. <b>153956</b>		2. Exact name of the limited liability company <b>Salmon River Veterinary Service, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Veterinary Services</b>			
5. Principal office address		City	State	Zip	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Ryan Loiselle</b>		Contact Title <b>Manager</b>			
Street Address <b>358 Hill Street</b>		City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>Ryan Loiselle</b>		Manager Name			
Street Address <b>358 Hill Street</b>		Street Address			
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name <b>REBECCA N. WARR, ESQ.</b>		Address			
Address <b>275 RESERVOIR AVENUE</b>		City <b>PROVIDENCE</b>		Zip <b>02907-</b>	

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

File Date **FILED**  
Check No. **SEP 14 2007**  
By: **1242**  
FOR SECRETARY OF STATE USE ONLY

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 of Authorized Person Date **9-10-07**

**Ryan Loiselle**  
Print or Type Name of Authorized Person