



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>97153</b>		2. Exact name of the limited liability company <b>VetCor of Riverside LLC</b>			
3. State of Formation <b>DELAWARE</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 <b>Riverside Animal Hospital 815 Willett Ave.</b>		City <b>Riverside</b>	State <b>RI</b>	Zip <b>02</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>VetCor ATT: Wendy Koelich</b>		Contact Title <b>Corp. Counsel</b>			
Street Address <b>350 Lincoln Place, Ste. 110</b>		City <b>Hingham</b>	State <b>MA</b>	Zip <b>02043</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>VetCor Professional Practices LLC, Sole Member-Manager</b>		Manager Name			
Street Address <b>350 Lincoln Place</b>		Street Address			
City <b>Hingham</b>	State <b>MA</b>	Zip <b>02043</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>CT CORPORATION SYSTEM</b>			Address		
Address <b>10 WEYBOSSET STREET</b>			City <b>PROVIDENCE</b>	Zip <b>02903</b>	

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

<b>FILED</b>	
File Date	<b>OCT 18 2007</b>
Check No.	
By	<b>57414</b>
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.

**VetCor of Riverside LLC**  
*[Signature]*  
Signature of Authorized Person Date **9/26/07**  
**Peter R. DeFoa, Esq. Jr. Vice President**  
Print or Type Name of Authorized Person **Gen. Counsel**