RI SOS Filing Number: 200703535380 Date: 11/02/2007 4:00 PM

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.	2. Exact name of the limited liability company
128261	EAST GREENWICH ANIMAL HOSPITAL LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	ANIMAL HOSPITAL

5. Principal office address	City	State	Zip
4302 POST ROAD	WARWICK	RI	02818

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Kirti B. Pancholi, Trustee of Family Trust U/W of Bipinchandra P. Pancholi	MEMBER

Street Address	City	State	Zip
4302 POST ROAD	WARWICK	RI	02818

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) ☐

Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	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	Address		
ALBERT D. SAUNDERS, JR., ESQ.	222 JEFFERSON BOULEVARD, SUITE 300		
Address	City	Zip	
	WARWICK	02888	

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

[redacted] 128261 [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.

Mrs. Kirti B. Pancholi 10.31.07
Signature of Authorized Person *Date*

Kirti B. Pancholi, Trustee, Member
Print or Type Name of Authorized Person

File Date FILED
Check No. NOV 02 2007
By: By
FOR SECRETARY OF STATE USE ONLY
16278-54-200578

[redacted]

Form 632 Rev. 07/07