



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 2008

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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 91359		2. Name of Corporation Richmond Veterinary Clinic, Inc.			
3. Street Address Principal Business Office 54 Richmond Townhouse Road			City Wyoming	State RI	Zip 02898
4. Business Phone No. 401-539-2683		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island to operate a veterinary clinic					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert T. Bolton			Vice President Name Robert T. Bolton		
Street Address 54 Richmond Townhouse Road			Street Address 54 Richmond Townhouse Road		
City Wyoming	State RI	Zip 02898	City Wyoming	State RI	Zip 02898
Secretary Name Lisa DeCesare			Treasurer Name Robert T. Bolton		
Street Address 713 Maple Valley Road			Street Address 54 Richmond Townhouse Road		
City Coventry	State RI	Zip 02816	City Wyoming	State RI	Zip 02898
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert T. Bolton			Director Name		
Street Address 54 Richmond Townhouse Road			Street Address		
City Wyoming	State RI	Zip 02898	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 no par value			100	common	no par

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.

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.

Robert T. Bolton 2/6/08
Signature Date

Robert T. Bolton

Print or Type Name

President

Title

File Date **FILED**
Check No. **FEB 08 2008**
By **DS-8805**
FOR SECRETARY OF STATE USE ONLY