



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St.
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*

* 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. 118891		2. Name of Corporation The Seven Schmucks, Inc. dba New England Horse Care Center			
3. Street Address Principal Business Office 2205 Providence Pike			City N. Smithfield	State RI	Zip 02896
4. Business Phone No. 401-766-7578		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island Veterinary Services					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Hollie J. Stillwell			Vice President Name Enda Currid		
Street Address 2205 Providence Pike			Street Address 2205 Providence Pike		
City N. Smithfield	State RI	Zip 02896	City N. Smithfield	State RI	Zip 02896
Secretary Name Hollie J. Stillwell			Treasurer Name Enda Currid		
Street Address Same			Street Address Same		
City Same	State	Zip	City Same	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Hollie J. Stillwell			Director Name Enda Currid		
Street Address 2205 Providence Pike			Street Address 2205 Providence Pike		
City N. Smithfield	State RI	Zip 02896	City N. Smithfield	State RI	Zip 02896
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	Common Stock	No Par	100	Common Stock	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.

FILED

JUL 24 2008

File Date: 07/15/08

Check No.:

By: Hollie J. Stillwell

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: Hollie J. Stillwell Date: 7/15/08

Hollie J Stillwell / Pres.
Print or Type Name
owner
Title