



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^m

JUL 24 2008

File Date: _____
Check No.: _____
By: _____
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 Stillwell Date: 7/15/08

Hollie J Stillwell / Pres.

Print or Type Name

Signature: owner

Title