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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 2009

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.	2. Name of Corporation		
53351	Lincoln Animal Hospital Inc.		
3. Street Address Principal Business Office	City	State	Zip
207 Front Street	Lincoln	RI	02865
4. Business Phone No.	5. State of Incorporation		
(401) 725-7387	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)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Joseph V. D'Almeida	Patricia Ann D'Almeida
Street Address: 207 Front St.	Street Address: 207 Front St.
City: Lincoln State: RI Zip: 02865	City: Lincoln State: RI Zip: 02865
Secretary Name	**Treasurer Name**
Joseph V. D'Almeida	Patricia Ann D'Almeida
Street Address: 207 Front St	Street Address: 207 Front St
City: Lincoln State: RI Zip: 02865	City: Lincoln State: RI Zip: 02865

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Joseph V. D'Almeida	Patricia Ann D'Almeida
Street Address: 207 Front St.	Street Address: 207 Front St.
City: Lincoln State: RI Zip: 02865	City: Lincoln State: RI Zip: 02865
Director Name: None	Director Name: None
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. SHARES AUTHORIZED

500.00

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. 500.00

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
500.00		0

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.

[redacted] [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.

Signature — *Date*: 1-7-09

Joseph V. D'Almeida
Print or Type Name

President
Title

[redacted]

File Date: 2-2-09
Check No.: 6313
By: MNC

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Form 630 Rev. 08/08