

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 3009 Filling 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 subject to a penalty fee of \$25.00.	file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(ct	:&d)) is
1. Corporate ID No. 53351 2. Name of Corporation - Lincoln Animal Hospital Inc.		
3. Street Address Principal Business Office 54 reed	City Lincoln State R& Zip 0786	65
	C. Z.	
6. Brief Description of the Character of Business Conducted in Rhode Island		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FO	R ATTACHMENT)	
Joseph V. D'Almeida	Patricia Ann O'Almeida	
Street Address Jo7 Front 94-	307 Front St.	
City Lincoln State R& Zip 0>80	5 City Lincoln State Rd Zip 02863	5
Secretary Name Joseph V. D'Almeida	Parricles Ann D'Almerta	
Street Address Front St	Street Address 207 Front ST	
City Lincoln State Rd Zip 028	65 City Lincoln State 128 02865	5
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX	•	
Director Name Sosceph V. D'Almei La	Patneia Ann D'Almeida	
Street Address  Front 54-	Street Address  >07 Front S4	
City Lincoln State R& Zip 038	65 Linean R& 210 03865	5
Director Name None	Director Name  None	
Street Address	Street Address	
City State Zip	Gity State Zip	
9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [] ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
This information is currently of record in the Office of the Secre	etary of Number of Shares Class/Series Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.	500.00	
300,00		
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 tru	ustee,
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 the including any accompanying schedules and statements, and that all s	
2 0 10	confained herein are true and correct.	
File Date	Jul / Ming 1-7-09	,
Check No6313	Signature Date	
By: Mnc	Print or Type Name	
FOR SECRETARY OF STATE USE ONLY	Title Presi Sews	