



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

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

|   |       |  |                              |
|---|-------|--|------------------------------|
| 1. ID No.<br><b>132752</b>  |       | 2. Exact name of the limited liability company<br><b>Providence River Animal Hospital, LLC</b>   |                              |
| 3. State of Formation<br><b>RHODE ISLAND</b>  |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>TO PROVIDE VETERINARY SERVICES</b> |                              |
| 5. Principal office address<br><b>131 POINT STREET</b>  |       | City<br><b>PROVIDENCE</b>  | State<br><b>RHODE ISLAND</b> |
|   |       | Zip<br><b>02903</b>  |                              |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |       |  |                              |
| Contact Name<br><b>JANE G. LINDEN</b>   |       | Contact Title<br><b>MEMBER</b>   |                              |
| Street Address<br><b>131 POINT STREET</b>   |       | City<br><b>PROVIDENCE</b>  | State<br><b>RHODE ISLAND</b> |
|   |       | Zip<br><b>02903</b>  |                              |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |  |                              |
| Manager Name  |       | Manager Name   |                              |
| Street Address  |       | Street Address   |                              |
| City  | State | City   | State                        |
| Zip   |       | Zip  |                              |
| Manager Name  |       | Manager Name   |                              |
| Street Address  |       | Street Address   |                              |
| City  | State | City   | State                        |
| Zip   |       | Zip  |                              |
| 8. RESIDENT AGENT IN RHODE ISLAND   |       |  |                              |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11  |       |  |                              |

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

132752

|                                 |                    |
|---------------------------------|--------------------|
| File Date                       | <b>FILED</b>       |
| Check No.                       | <b>NOV 10 2009</b> |
| By:                             | <b>By 9/10/345</b> |
| 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.

*Jane G. Linden* 11/1/09  
Signature of Authorized Person Date

Jane G. Linden

Print or Type Name of Authorized Person