



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2010

1. Corporate ID No. 000266377

2. Name of Corporation DVM Insurance Agency

3. Street Address Principal Business Office:

No. and Street: 3060 SATURN STREET

City or Town: BREA

State: CA

Zip: 92821

Country: USA

4. Business Phone No.

5. State of Incorporation

State: CA

6. Brief Description of the Character of Business Conducted in Rhode Island

PET HEALTH INSURANCE PROVIDER

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DENNIS DRENT	3060 SATURN STREET BREA, CA 92821 USA
TREASURER	MICHAEL FUNCK	3060 SATURN STREET BREA, CA 92821 USA
SECRETARY	PHIL GREVIN	3060 SATURN ST BREA, CA 92821 USA
VICE PRESIDENT	JONATHAN KASS	3060 SATURN STREET BREA, CA 92821 USA
DIRECTOR	DENNIS DRENT	3060 SATURN STREET BREA, CA 92821 USA
DIRECTOR	PETER HARPER	3060 SATRUN STREET BREA, CA 92821 USA
DIRECTOR	TERRI HILL	3060 SATURN STREET BREA, CA 92821 USA
DIRECTOR	MICHAEL MILLER	3060 SATURN STREET BREA, CA 92821 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.00	1.00	0

9. 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.

Signed this 4 Day of February, 2010 at 11:33:24 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By CHAS M. KIDDER
Signature of Authorized Representative of the Corporation

COMPLIANCE ANALYST
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

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