



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 2011

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. 110149		2. Name of Corporation JOHNSTON HOSPITAL FOR PETS, INC.	
3. Street Address Principal Business Office 400 Carpenter Road		City Hope	State RI
4. Business Phone No. 942-7360		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island provision of veterinary services, the delivery and sales of goods in connection therewith			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name David A. DiMeo, D.V.M.		Vice President Name Julie A. Pelto, D.V.M.	
Street Address 400 Carpenter Road		Street Address 400 Carpenter Road	
City Hope	State RI	City Hope	State RI
Zip 02831		Zip 02831	
Secretary Name David A. DiMeo, D.V.M.		Treasurer Name David A. DiMeo, D.V.M.	
Street Address 400 Carpenter Road		Street Address 400 Carpenter Road	
City Hope	State RI	City Hope	State RI
Zip 02831		Zip 02831	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name None		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐	
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares	Class/Series
		200	Common
		Par Value	
		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.

File Date	FILED
Check No.	FEB 07 2011
By:	3378
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.

David A. DiMeo, D.V.M. 1/28/11
Signature Date
David A. DiMeo, D.V.M.
Print or Type Name
President
Title