



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 2012

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. 110842		2. Name of Corporation Barrington Veterinary Clinic, Inc.			
3. Street Address Principal Business Office 260 Waseca Avenue			City Barrington	State Rhode Island	Zip 02806
4. Business Phone No. 401 245-9226		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To engage in the practice of veterinarian medicine.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Lynn Anne Evans, DVM			Vice President Name None		
Street Address 26 Kearsage Drive			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Lynn Anne Evans, DVM			Treasurer Name Lynn Anne Evans, DVM		
Street Address 26 Kearsage Drive			Street Address 26 Kearsage Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 100	Class/Series CWP	Par Value \$1.00

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 trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date JAN 7 0 2012

Check No. _____

By: BY 57022

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.

Lynn Anne Evans 1/17/12
Signature Date

Lynn Anne Evans
Print or Type Name
President
Title