



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. 110149		2. Name of Corporation JOHNSTON HOSPITAL FOR PETS, INC.			
3. Street Address Principal Business Office 400 Carpenter Road			City Hope	State RI	Zip 02831
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) <input type="checkbox"/> 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	Zip 02831	City Hope	State RI	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	Zip 02831	City Hope	State RI	Zip 02831
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					
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.			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 200	Class/Series 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.

FILED

File Date JAN 30 2012
 Check No. By mme
 By: 3499
 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, DVM 1/26/12
 Signature Date
 David A. DiMeo, D.V.M.
 Print or Type Name
 President
 Title