



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

No Fee

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

**Business Corporation  
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2013

**1. Corporate ID No.** 000137370

**2. Name of Corporation** Harbor Animal Hospital, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 286 MAPLE AVENUE  
City or Town: BARRINGTON

State: RI Zip: 02806 Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: RI

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

VETERINARY CLINIC, OUTPATIENT, SURGICAL AND DENTAL SERVICES AND CARE  
FOR PETS  
AND ANIMALS

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

| Title     | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-----------|------------------------------------------------|------------------------------------------------------------|
| PRESIDENT | WADE CORDY                                     | 286 MAPLE AVENUE<br>BARRINGTON, RI 02806 USA               |

**8. Shares Authorized and Issued**

| Class of Stock | Series of Stock | Par Value Per Share | Total Issued<br>and |
|----------------|-----------------|---------------------|---------------------|
|----------------|-----------------|---------------------|---------------------|

|     |  |          |                                                       |                                         |
|-----|--|----------|-------------------------------------------------------|-----------------------------------------|
|     |  |          | Total Authorized<br>Shares<br><i>Number of Shares</i> | Outstanding<br><i>Num of<br/>Shares</i> |
| CNP |  | \$0.0000 | 300.00                                                | 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 30 Day of May, 2013 at 3:39:10 PM.** *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 WADE CORDY  
Signature of Authorized Representative of the Corporation

PRESIDENT  
Title

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

Form No. 630  
Revised 09/07

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