



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 132233		2. Exact name of the Corporation R.I. Animal Medical Center - Four Paws Pet Resort, Inc.						
3. Principal office address 343 Warwick Avenue		City Warwick		State RI	Zip 02888			
4. Business Phone No.		5. State of Incorporation Rhode Island						
6. Brief description of the character of business conducted in Rhode Island veterinary clinic, boarding and grooming services								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐								
President Name CHARLES CALLANAN			Vice-President Name KEVIN CALLANAN					
Street Address 343 Warwick Avenue			Street Address P. O. Box 2890					
City Warwick	State RI	Zip 02888	City Nantucket	State MA	Zip 02584			
Secretary Name JOHN D. BIAFORE			Treasurer Name JEFFREY KASCHULUK					
Street Address 123 Dyer Street, Suite 3B			Street Address P.O. Box 2890					
City Providence	State RI	Zip 02903	City Nantucket	State MA	Zip 02584			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐								
Director Name CHARLES CALLANAN			Director Name KEVIN CALLANAN					
Street Address 343 Warwick Avenue			Street Address P.O. Box 2890					
City Warwick	State RI	Zip 02888	City Nantucket	State MA	Zip 02584			
Director Name JEFFREY KASCHULUK			Director Name					
Street Address P.O. Box 2890			Street Address					
City Nantucket	State MA	Zip 02584	City	State	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.								
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
						300	Common	No par value

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 _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
MAR 26 2014
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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.

Signature of Authorized Representative

Date

CHARLES CALLANAN, President

Print or Type Name of Authorized Representative