



**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

2015

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

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. <b>311884</b>		2. Exact name of the Corporation Michele Salata VMD, Inc.		
3. Principal office address 139 Arnolds Neck Dr,		City Warwick	State RI	Zip 02886
4. Business Phone No. 4015336005		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Relief Veterinary Services				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Michele Salata VMD		Vice-President Name N/A		
Street Address 139 Arnolds Neck Dr.		Street Address		
City Warwick	State RI	Zip 02886	City	State Zip
Secretary Name N/A		Treasurer Name N/A		
Street Address		Street Address		
City	State	Zip	City	State Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		100	STK	0.0100

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  
 JAN 23 2015  
 001239

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.

*M. Salata VMD* 1/16/15  
 Signature of Authorized Representative Date

M. SALATA VMD  
 Print or Type Name of Authorized Representative