



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 2015

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. 143156		2. Exact name of the Corporation Sharon R. Doolittle, DVM, Inc.			
3. Principal office address 357 Putnam Pike, Unit 6		City Smithfield	State RI	Zip 02917	
4. Business Phone No. 401-349-2668		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Animal chiropractic, applied kinesiology, alternative therapies, quine and canine performance issues and any other lawful business.					
President Name Sharon R. Doolittle, DVM		Vice-President Name Sharon R. Doolittle, DVM			
Street Address same as above		Street Address same as above			
City	State	Zip	City	State	Zip
Secretary Name Sharon R. Doolittle, DVM		Treasurer Name Sharon R. Doolittle, DVM			
Street Address same as above		Street Address same as above			
City	State	Zip	City	State	Zip
Director Name Sharon R. Doolittle, DVM		Director Name			
Street Address same as above		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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	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.

FILED

MAR 11 2015

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.

Sharon R. Doolittle, DVM 3/2/15
 Signature of Authorized Representative Date

Sharon R. Doolittle, DVM, President

Print or Type Name of Authorized Representative

JMD
 29-244314