



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