



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

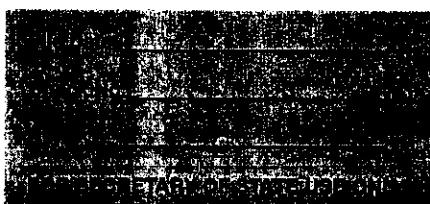
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

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. 69637		2. Exact name of the Corporation Mt. Hope Animal Hospital, Inc.			
3. Principal office address 645 Bristol Ferry Road		City Portsmouth	State RI	Zip 02871	
4. Business Phone No. 401-683-3743		5. State of Incorporation			
6. Brief description of the character of business conducted in Rhode Island To Conduct Veterinary Practice, Boarding, Grooming of Animals					
President Name Christopher J. Bert			Vice-President Name		
Street Address 645 Bristol Ferry Road			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Secretary Name Christopher J. Bert			Treasurer Name Christopher J. Bert		
Street Address 645 Bristol Ferry Road			Street Address 645 Bristol Ferry Road		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
ALL DIRECTORS (NAMES AND ADDRESSES)					
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
SHARES AUTHORIZED					
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	
		50	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

JAN 25 2016

By KM 266086

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.

X [Signature] 1/11/16
Signature of Authorized Representative Date

Christopher J. Bert

Print or Type Name of Authorized Representative