



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. <b>154542</b>		2. Exact name of the Corporation <b>SCITUATE ANIMAL HOSPITAL, INC.</b>			
3. Principal office address <b>561 WEST GREENVILLE ROAD</b>			City <b>SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>
4. Business Phone No. <b>401-647-3500</b>			5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief description of the character of business conducted in Rhode Island <b>VETERINARY MEDICINE</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name <b>SHARON E O'NEIL</b>			Vice-President Name <b>SAME</b>		
Street Address <b>14 REYNOLDS AVE</b>			Street Address		
City <b>REHOBOTH</b>	State <b>RI</b>	Zip <b>02769</b>	City	State	Zip
Secretary Name <b>SAME</b>			Treasurer Name <b>SAME</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <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
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <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
			600	COMMON	.01

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**  
 FEB 10 2016  
 11:30a

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 E O'Neil*      2-5-16  
 Signature of Authorized Representative      Date

**SHARON E O'NEIL**  
 Print or Type Name of Authorized Representative