



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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SECRETARY OF STATE
CORPORATIONS DIV
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Limited Liability Company Annual Report for the year: 2015

Filing period: September 1 - November 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number 146433		2. Exact name of the Limited Liability Company All Pets Mobile Vet, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Mobile Veterinary Hospital			
5. Principal Office Address 48 Bliss St		City Rehoboth	State MA	Zip 02769	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Vincent Seccareccia DDM		Contact Title owner/czar			
Street Address 48 Bliss St		City Rehoboth	State MA	Zip 02769	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Vincent Seccareccia DDM		Manager Name			
Street Address 48 Bliss St		Street Address			
City Rehoboth	State MA	Zip 02769	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person Vincent Seccareccia DDM				Date 6/15/16	
Signature of Authorized Person <i>Vincent Seccareccia DDM</i>					

FILED

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BY LE 280362