



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

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Annual Report for the year: 2016

**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

|   |       |   |      |                        |                     |
|---|-------|---|------|------------------------|---------------------|
| 1. Entity ID Number<br><b>553976</b>  |       | 2. Exact name of the Limited Liability Company<br><b>Wickford Veterinary Associates, LLC</b>            |      |                        |                     |
| 3. NAICS Code<br>54 - Professional, Scientific, and   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Veterinary Clinic</b> |      |                        |                     |
| 5. State of Formation<br><b>Rhode Island</b>  |       |   |      |                        |                     |
| 6. Principal Office Address<br><b>7260 Post Road</b>  |       | City<br><b>North Kingstown</b>  |      | State<br><b>RI</b>     | Zip<br><b>02852</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |      |                        |                     |
| Contact Name<br><b>Christina M. Lorenson</b>  |       | Contact Title   |      |                        |                     |
| Street Address<br><b>7260 Post Road</b>   |       | City<br><b>North Kingstown</b>  |      | State<br><b>RI</b>     | Zip<br><b>02852</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |   |      |                        |                     |
| Manager Name  |       | Manager Name  |      |                        |                     |
| Street Address  |       | Street Address  |      |                        |                     |
| City  | State | Zip   | 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"/>  |       |   |      |                        |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |       |   |      |                        |                     |
| <b>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.</b> |       |   |      |                        |                     |
| Name of Authorized Person<br><b>Christina M. Lorenson</b>   |       |   |      | Date<br><b>9-16-16</b> |                     |
| Signature of Authorized Person<br><i>Christina Lorenson</i>   |       |   |      | SIGN DOCUMENT HERE     |                     |

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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