State of Rhode Island and Providence Plantations Department of State - Business Services Division	
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 Dece	ember 1.	_		
1. Entity ID Number 769083	Exact name of the Limited Liability Company CREATURE COMFORTS VETERINARY SERVICES, LLC					
3. NAICS Code 54 - Professional, Scientific,	Brief description of the character of business conducted in Rhode Island Owning, managing & operating mobile veterinary services.					
5. State of Formation Rhode Island						
Principal Office Address Fountain Street			City North Smithfield	State RI	Zip 02896	
7. Mailing Address of Limited Lia		y and Name or Tit				
Contact Name Lindsay Thibeault			Contact Title Manager			
Street Address 59 Fountain Street		City North Smithfield	State RI	^{Zip} 02896		
8. List ALL managers (names ar	nd addresses)	of the Limited Lia	bility Company, IF APPLICABLI	E - DO NOT LIST	MEMBERS	
Manager Name Lindsay Thibeault		Manager Name				
Street Address 59 Fountain Street		Street Address				
City North Smithfield	State RI	^{Zìp} 02896	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode Islan						
Under penalty of perjury, I deci statements, and that all statem	are and affire ents contain	n that I have exa ed herein are tru	mined this report, including a e and correct.	ny accompanyin	g schedules and	
Name of Authorized Person			Date			
Lindsay Thibeault			1011	3/16		
Signature of Authorized Person		SIGN DO	CUMENT 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 FILED 52 OCT 1 9 2016 1945