



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

ANNUAL REPORT FOR THE YEAR 2017

Corporation

- **Filing Period:** January 1 - March 1
- **Filing Fee:** \$50.00
- **Penalty:** Additional \$25.00 fee if form is not filed by April 1

1. Corporate ID No. 112856		2. Name of Corporation Ocean State Veterinary Specialists, Ltd.			
3. Street Address Principal Business Office 1480 South County Trail			City East Greenwich	State RI	Zip 02818
4. NAICS Code 62		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Practice of veterinary medicine					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Justine Johnson			Vice President Name Gary Block		
Street Address 1480 South County Trail			Street Address 1480 South County Trail		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Justine Johnson			Treasurer Name Gary Block		
Street Address 1480 South County Trail			Street Address 1480 South County Trail		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Justine Johson			Director Name Gary Block		
Street Address 1480 South County Trail			Street Address 1480 South County Trail		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES – THIS SECTION MUST BE COMPLETED					
Number of Shares		Class/Series		Par Value	
1050 shares common stock of no par value					
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.					

11. 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.

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.

Signature

Date 1/13/17

Justine Johnson DVM

Print or Type Name

President

Title

FILED

JAN 19 2017

BY

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