



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.

**FILED**

JAN 23 2017

BY

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1. Entity ID Number <b>000152506</b>		2. Exact name of the Corporation <b>Wolf Rock Animal Health, Inc.</b>			
3. Principal Office Address <b>710 South County Trail</b>		City <b>Exeter</b>		State <b>RI</b>	Zip <b>02822</b>
4. NAICS Code <b>81 - Other Services (except )</b>		6. Brief description of the character of business conducted in Rhode Island <b>Veterinary Medicine and Related Services</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Elizabeth A. Hassinger</b>			Vice-President Name <b>Elizabeth Hassinger</b>		
Street Address <b>295 Gardner Road</b>			Street Address <b>295 Gardner Road</b>		
City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02822</b>	City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02822</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			1,000.00 STK \$0.0100		
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. <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 Representative <b>Elizabeth A. Hassinger</b>					Date <b>1-20-17</b>
Signature of Authorized Representative 					